

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Filing at a Glance

Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
Product Name:	Direct Marketing
State:	Arkansas
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Form
Date Submitted:	09/12/2012
SERFF Tr Num:	AGDE-128682547
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	A30396NUFIC-AR
Implementation	On Approval
Date Requested:	
Author(s):	Wanda Coleman, Jolene Baddick, Veronica Bullock, Sheri Aukamp, Rhonda Gray
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	10/22/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Direct Marketing

Project Name/Number: GAP 2012/A30396NUFIC-AR

General Information

Project Name: GAP 2012
Project Number: A30396NUFIC-AR
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type:
Filing Status Changed: 10/22/2012
State Status Changed: 10/22/2012
Created By: Rhonda Gray
Corresponding Filing Tracking Number: A30396NUFIC-AR

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact:

Deemer Date:
Submitted By: Rhonda Gray

Filing Description:

National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Group Accident Policy Form Filing

A30396NUFIC Group Accident [and Sickness] Policy
[Accidental Death Benefit]
[Accidental Dismemberment Benefit]
[In-Hospital Indemnity Daily Benefit]
[In-Hospital Indemnity Sickness Daily Benefit]
[In-Hospital Indemnity Single Payment Benefit]
[In-Hospital Indemnity Sickness Single Payment Benefit]
[Physician Office Visits Indemnity Benefit]

A30397NUFIC Group Accident [and Sickness] Insurance Certificate
[Accidental Death Benefit]
[Accidental Dismemberment Benefit]
[In-Hospital Indemnity Daily Benefit]
[In-Hospital Indemnity Sickness Daily Benefit]
[In-Hospital Indemnity Single Payment Benefit]
[In-Hospital Indemnity Sickness Single Payment Benefit]
[Physician Office Visits Indemnity Benefit]

A30398NUFIC-AR Master Application
A30399NUFIC Policy/Certificate Amendatory Endorsement
A30400NUFIC Accident Medical Expense Benefit Rider
A30401NUFIC Day Care Benefit Rider
A30402NUFIC Dislocations/Fractures Benefit Rider
A30403NUFIC Emergency [Transportation][and][Treatment] Benefit Rider
A30404NUFIC Family Leave Benefit Rider [Version 1]
A30405NUFIC Family Leave Benefit Rider [Version 2]
A30406NUFIC Intensive Care Unit Benefit Rider
A30407NUFIC Recuperation Accident Single Payment Benefit Rider
A30408NUFIC Recuperation Sickness Single Payment Benefit Rider

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
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Project Name/Number:	GAP 2012/A30396NUFIC-AR		

A30409NUFIC Temporary Total Disability Accident Benefit Rider
A30410NUFIC Temporary Total Disability Sickness Benefit Rider
A30411NUFIC Tuition Benefit Rider

The above referenced group accident policy and accompanying forms are being submitted for your review and approval. These forms are new and are not intended to replace any forms previously approved by your department.

When approved, this coverage will be marketed via direct response (such as: telephone, mail, print, mobile, e-mail or internet) or agent/broker solicitation to statutorily eligible groups and financial institutions on a generic basis for the benefit of accountholders.

Benefits are payable for specified covered activities: 24-hour; motor vehicle accident; and common carrier. The 24-hour option pays benefits if the covered injury and/or sickness occur at any time. The motor vehicle accident option pays benefits if the covered injury and/or sickness occurs while the covered person is driving or riding as a passenger in a motor vehicle or while standing or walking as a pedestrian on an open public street or highway. The common carrier option pays benefits if the covered injury occurs while riding as a fare-paying passenger on a common carrier.

Base benefits are Accidental Death, Accidental Dismemberment, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Sickness Daily Benefit, In-Hospital Indemnity Single Payment Benefit, In-Hospital Indemnity Sickness Single Payment Benefit and Physician's Office Visits Indemnity Benefit. At least one base benefit is always included. All other benefits are expressed as riders.

The following benefit types are included in this Group Accident Policy:

Accidental Death (base benefit) and Accidental Dismemberment (base benefit) benefits pay a specified percentage of the maximum amount shown on the benefit schedule if an insured person's injury results in death or a covered dismemberment within a certain number of days of the date of the accident that caused the injury.

The Accident Medical Expense Benefit (A30400NUFIC) pays the usual and customary charges incurred for a medically necessary covered accident medical service received due to an injury, up to the accident medical expense benefit maximum amount shown in the benefit schedule per insured person if an insured person suffers an injury that, within a certain number of hours of the date of the accident that caused the injury, requires him or her or them to be treated by a physician.

The Day Care Benefit (A30401NUFIC) pays the yearly cost of a day care center for any child of the insured or the insured spouse if an insured or the insured spouse suffers accidental death and the child is enrolled in a day care center on the date of the accident causing the insured's or insured spouse's death or enrolls in a day care center within a specified number of days of the date of the accident that caused the insured or insured spouse's death.

The Dislocations and Fractures (A30402NUFIC) and Emergency Transportation and Treatment (A30403NUFIC) benefits pay a specified benefit maximum amount if an insured person's injury results in a covered dislocation and requires reduction under anesthesia or a covered fracture within a certain number of days of the date of the accident that caused the injury; or, if an insured person suffer(s) an injury that requires emergency treatment and medically necessary transportation to a hospital or a satellite emergency center by ambulance or requires him or her or them to receive medically necessary emergency treatment in a hospital emergency room or a satellite emergency center within a certain number of hours of the accident that caused the injury.

The Family Leave (A30404NUFIC; A30405NUFIC) benefits pay a monthly benefit if an insured person or an insured spouse or

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an immediate family member is disabled due to an injury within a certain number of days of the date of the accident which caused the injury and the insured, insured spouse or an immediate family member takes an unpaid leave of absence or resigns from his or her full-time employment to provide continuous care for the disabled insured person.

The In-Hospital Indemnity (base benefits) benefits pay a benefit for medically necessary confinement if an insured person suffer(s) an injury or sickness that, within a certain number of days of the date of the accident that caused the injury, requires him or her to be confined in a hospital as an inpatient. For In-Hospital Daily benefits, a modal payment is made after a specified number of days of medically necessary confinement up to the maximum number of days shown in the benefit schedule during any one period of confinement. For the In-Hospital Sickness benefits, there is a bracketed waiting period provision and a bracketed pre-existing conditions limitation provision, which will be included or excluded. For the In-Hospital Single Payment benefits, the benefit is payable after a specified number of days of medically necessary confinement in one lump sum upon the insured person's discharge from the hospital.

The Intensive Care Unit Benefit (A30406NUFIC) may be included which pays a benefit equal to the daily intensive care unit benefit for each day an insured person is confined in and charged for an intensive care unit. For the sickness benefit, there is a bracketed waiting period provision and a bracketed pre-existing conditions limitation provision, which will be included or excluded.

The Physician's Office Visits Indemnity Benefit (base benefit) pays a benefit equal to the per visit benefit shown in the benefit schedule if, the insured person visit(s) a physician's office for specified treatments shown in the benefit schedule while the insured person's coverage under this benefit is in force.

The Recuperation Single Payment (A30407NUFIC; A30408NUFIC) benefits pay a benefit for medically necessary confinement if an insured person suffer(s) an injury or sickness that requires him or her to be confined in a hospital as an inpatient. This benefit is payable after a specified number of days of medically necessary confinement in one lump sum upon the insured person's discharge from the hospital. An injury must be within a specified number of days from the date of the accident. For the sickness benefit, there is a bracketed waiting period provision and a bracketed pre-existing conditions limitation provision, which will be included or excluded.

The Total Temporary Disability (A30409NUFIC; A30410NUFIC) benefits pay a monthly benefit if, as a result of an injury or sickness, an insured person is rendered temporarily totally disabled within a specified number of days of the date of the accident that caused the injury or within a specified number of days of the date of the sickness. The temporary total disability due to that injury must continue through the elimination period shown in the benefit schedule. For the sickness benefit, there is a bracketed waiting period provision and a bracketed pre-existing conditions limitation provision, which will be included or excluded.

The Tuition Benefit (A30411NUFIC) pays yearly tuition to a maximum of four consecutive years for any child of the insured or the insured spouse if an insured or the insured spouse suffers accidental death and the child is enrolled as a full-time student on the date of the accident causing the insured's or insured spouse's death.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms (including sequential ordering of the provisions, color, and type face and font).

With the approval of this Group Accident Policy, we will be able to offer unique combinations of accident and health coverage to our clients thereby differentiating ourselves from the competition. We appreciate your review of this filing and look forward to your approval.

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Direct Marketing

Project Name/Number: GAP 2012/A30396NUFIC-AR

Company and Contact

Filing Contact Information

Rhonda Gray, Product Analyst
503 Carr Road
3rd Floor
Wilmington, DE 19809

rhonda.gray@chartisinsurance.com
888-396-5369 [Phone] 31740 [Ext]
302-830-4466 [FAX]

Filing Company Information

National Union Fire Insurance
Company of Pittsburgh, Pa.
503 Carr Road
3rd Floor
Wilmington, DE 19809
(888) 396-5369 ext. 31722[Phone]

CoCode: 19445
Group Code: 12
Group Name: AIG
FEIN Number: 25-0687550

State of Domicile:
Pennsylvania
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes

Fee Amount: \$0.00

Retaliatory? Yes

Fee Explanation: Arkansas is a retaliatory state. Company domicile is in Pennsylvania which requires no filing fees; therefore no filing fees apply.

Per Company: No

Company	Amount	Date Processed	Transaction #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$0.00	09/12/2012	
National Union Fire Insurance Company of Pittsburgh, Pa.	\$800.00	09/13/2012	62661411

Check Number **Check Amount** **Check Date**

\$0.00

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/22/2012	10/22/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/14/2012	09/14/2012
Pending Industry Response	Rosalind Minor	09/13/2012	09/13/2012

Response Letters

Responded By	Created On	Date Submitted
Rhonda Gray	10/16/2012	10/18/2012
Rhonda Gray	09/13/2012	09/13/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Proof of Handicapped Dependents	Note To Filer	Rosalind Minor	10/15/2012	10/15/2012
Annual Proof cont'd	Note To Reviewer	Rhonda Gray	09/27/2012	10/11/2012
Second Request	Note To Reviewer	Rhonda Gray	10/03/2012	10/03/2012
Proof Limitation cont'd	Note To Reviewer	Rhonda Gray	09/27/2012	09/27/2012
Note to Reviewer	Note To Filer	Rosalind Minor	09/26/2012	09/26/2012
Follow Up to Our Proof of Capacity Questions	Note To Reviewer	Rhonda Gray	09/26/2012	09/26/2012
Objection Clarification Needed	Note To Reviewer	Rhonda Gray	09/20/2012	09/20/2012

SERFF Tracking #:	AGDE-128682547	State Tracking #:		Company Tracking #:	A30396NUFIC-AR
State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.		
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only				
Product Name:	Direct Marketing				
Project Name/Number:	GAP 2012/A30396NUFIC-AR				

Disposition

Disposition Date: 10/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanation of Values	Approved-Closed	Yes
Form (revised)	Group Accident [and Sickness] Policy	Approved-Closed	Yes
Form	Group Accident [and Sickness] Policy	Replaced	Yes
Form (revised)	Group Accident [and Sickness] Insurance Certificate	Approved-Closed	Yes
Form	Group Accident [and Sickness] Insurance Certificate	Replaced	Yes
Form	Application	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes
Form	Accident Medical Expense Benefit Rider	Approved-Closed	Yes
Form	Day Care Benefit Rider	Approved-Closed	Yes
Form	Dislocations/Fractures Benefit Rider	Approved-Closed	Yes
Form	Emergency [Transportation][and][Treatment] Benefit Rider	Approved-Closed	Yes
Form	Family Leave Benefit Rider [Version 1]	Approved-Closed	Yes
Form	Family Leave Benefit Rider [Version 2]	Approved-Closed	Yes
Form	Intensive Care Unit Benefit Rider	Approved-Closed	Yes
Form	Recuperation Accident Daily Benefit Rider	Approved-Closed	Yes
Form	Recuperation Sickness Daily Benefit Rider	Approved-Closed	Yes
Form	Temporary Total Disability Accident Benefit Rider	Approved-Closed	Yes
Form	Temporary Total Disability Sickness Benefit Rider	Approved-Closed	Yes
Form	Tuition Benefit Rider	Approved-Closed	Yes

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/14/2012
Submitted Date	09/14/2012
Respond By Date	

Dear Rhonda Gray,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Accident [and Sickness] Policy, A30396NUFIC (Form)
 - Group Accident [and Sickness] Insurance Certificate, A30397NUFIC (Form)
- Comments:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking #:	AGDE-128682547	State Tracking #:		Company Tracking #:	A30396NUFIC-AR
<hr/>					
State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.		
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only				
Product Name:	Direct Marketing				
Project Name/Number:	GAP 2012/A30396NUFIC-AR				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/16/2012
Submitted Date	10/18/2012

Dear Rosalind Minor,

Introduction:

Thank you for your response of 10-15-12.

Response 1

Comments:

We have removed all time limitations for submitting proof of incapacity. Please see attached revised forms A30396NUFIC-AR and A30397NUFIC-AR for your review and approval.

Related Objection 1

Applies To:

- Group Accident [and Sickness] Policy, A30396NUFIC (Form)
- Group Accident [and Sickness] Insurance Certificate, A30397NUFIC (Form)

Comments:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

AGDE-128682547

State Tracking #:

Company Tracking #:

A30396NUFIC-AR

State: Arkansas

Filing Company:

National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Direct Marketing

Project Name/Number: GAP 2012/A30396NUFIC-AR

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	A30396NUFIC-AR	POL	Group Accident [and Sicknes s] Policy	Initial	51.800	A30396NUFIC-AR-Pol.pdf	Date Submitted: 10/18/2012 By: Rhonda Gray

Previous Version

1	A30396NUFIC	POL	Group Accident [and Sicknes s] Policy	Initial	51.800	A30396NUFIC-Pol.pdf	Date Submitted: 10/18/2012 By: Rhonda Gray
2	A30397NUFIC-AR	CER	Group Accident [and Sicknes s] Insurance Certificate	Initial	50.100	A30397NUFIC-AR-Cert.pdf	Date Submitted: 10/18/2012 By: Rhonda Gray

Previous Version

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	A30396NUFIC-AR	POL	Group Accident [and Sicknes s] Policy	Initial	51.800	A30396NUFIC-AR-Pol.pdf	Date Submitted: 10/18/2012 By: Rhonda Gray
2	A30397NUFIC	CER	Group Accident [and Sicknes s] Insurance Certificate	Initial	50.100	A30397NUFIC-Cert.pdf	Date Submitted: 10/18/2012 By: Rhonda Gray

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance, Ms. Minor. We trust that you can now resume your review and approval of our product.

Sincerely,
Rhonda Gray

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/13/2012
Submitted Date	09/13/2012
Respond By Date	

Dear Rhonda Gray,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Accident [and Sickness] Policy, A30396NUFIC (Form)
- Group Accident [and Sickness] Insurance Certificate, A30397NUFIC (Form)
- Application, A30398NUFIC-AR (Form)
- Amendatory Endorsement, A30399NUFIC (Form)
- Accident Medical Expense Benefit Rider, A30400NUFIC (Form)
- Day Care Benefit Rider, A30401NUFIC (Form)
- Dislocations/Fractures Benefit Rider, A30402NUFIC (Form)
- Emergency [Transportation][and][Treatment] Benefit Rider, A30403NUFIC (Form)
- Family Leave Benefit Rider [Version 1], A30404NUFIC (Form)
- Family Leave Benefit Rider [Version 2], A30405NUFIC (Form)
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- Recuperation Sickness Daily Benefit Rider, A30408NUFIC (Form)
- Temporary Total Disability Accident Benefit Rider, A30409NUFIC (Form)
- Temporary Total Disability Sickness Benefit Rider, A30410NUFIC (Form)
- Tuition Benefit Rider, A30411NUFIC (Form)

Comments:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$800.00. Please submit the filing fee of \$800.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/13/2012
Submitted Date	09/13/2012

Dear Rosalind Minor,

Introduction:

Enclosed is our filing fee in the amount of \$800.00. I apologize for the oversight. Please continue your review of our submission.

Thank you,

Rhonda Gray

Response 1

Comments:

This fee has now been submitted.

Related Objection 1

Applies To:

- Group Accident [and Sickness] Policy, A30396NUFIC (Form)
- Group Accident [and Sickness] Insurance Certificate, A30397NUFIC (Form)
- Application, A30398NUFIC-AR (Form)
- Amendatory Endorsement, A30399NUFIC (Form)
- Accident Medical Expense Benefit Rider, A30400NUFIC (Form)
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- Dislocations/Fractures Benefit Rider, A30402NUFIC (Form)
- Emergency [Transportation][and][Treatment] Benefit Rider, A30403NUFIC (Form)
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- Family Leave Benefit Rider [Version 2], A30405NUFIC (Form)
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- Tuition Benefit Rider, A30411NUFIC (Form)

Comments:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$800.00. Please submit the filing fee of \$800.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Direct Marketing

Project Name/Number: GAP 2012/A30396NUFIC-AR

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Veronica Bullock

Note To Filer

Comments:

Thank you for your understanding and cooperation.

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Note To Reviewer

Created By:

Rhonda Gray on 09/27/2012 09:53 AM

Last Edited By:

Rosalind Minor

Submitted On:

10/22/2012 12:05 PM

Subject:

Annual Proof cont'd

Comments:

Dear Ms. Minor,

Thank you for providing clarification on proof limitations under ACA 23-86-108 and Bulletin 14-81. We will remove the limitation (60 days) prior to child reaching the specified age limit.

However, if we remove the time limit restriction on furnishing annual proof, we would have no way of knowing whether the the child is still eligible for coverage if/when insureds fail to submit documentation. May we retain the 31 day limitation on annual proof?

I look forward to your response. Once we have your answer, we will re-submit the forms for your continued review for approval ASAP.

Best regards,

Rhonda Gray

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Note To Reviewer

Created By:

Rhonda Gray on 10/03/2012 11:12 AM

Last Edited By:

Rosalind Minor

Submitted On:

10/22/2012 12:05 PM

Subject:

Second Request

Comments:

Thank you for providing clarification on proof limitations under ACA 23-86-108 and Bulletin 14-81. We will remove the limitation (60 days) prior to child reaching the specified age limit.

If we remove the time limit restriction on furnishing annual proof, however, we would have no way of knowing whether the the child is still eligible for coverage if/when insureds fail to submit documentation. May we retain the 31 day limitation on annual proof?

I look forward to your prompt response. Once we have your answer, we will re-submit the forms for your continued review for approval ASAP.

Best regards,

Rhonda Gray

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Note To Reviewer

Created By:

Rhonda Gray on 09/27/2012 09:56 AM

Last Edited By:

Rosalind Minor

Submitted On:

10/22/2012 12:05 PM

Subject:

Proof Limitation cont'd

Comments:

Dear Ms. Minor,

Thank you for providing clarification on proof limitations under ACA 23-86-108 and Bulletin 14-81. We will remove the limitation (60 days) prior to child reaching the specified age limit.

If we remove the time limit restriction on furnishing annual proof, however, we would have no way of knowing whether the the child is still eligible for coverage if/when insureds fail to submit documentation. May we retain the 31 day limitation on annual proof?

I look forward to your prompt response. Once we have your answer, we will re-submit the forms for your continued review for approval ASAP.

Best regards,

Rhonda Gray

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Note To Filer

Created By:

Rosalind Minor on 09/26/2012 03:17 PM

Last Edited By:

Rosalind Minor

Submitted On:

10/22/2012 12:05 PM

Subject:

Note to Reviewer

Comments:

With respect to your Notes to Reviewer:

1. Yes, you may ask for proof of incapacity before the dependent child reaches the age limit. ACA 23-86-108(4) it is stated that at the request and expense of the insurer, proof of the incapacity or dependency must be furnished to the insurer by the policyholder.
2. Yes, you may still request proof of continued disability on an annual basis.

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Note To Reviewer

Created By:

Rhonda Gray on 09/26/2012 01:29 PM

Last Edited By:

Rosalind Minor

Submitted On:

10/22/2012 12:05 PM

Subject:

Follow Up to Our Proof of Capacity Questions

Comments:

With regard to your objection dated 09/14/12, we will remove the requirement to submit proof of incapacity within 60 days.

However, please advise whether we may still ask for proof of incapacity before the dependent child reaches the age limit specified in the definition of Eligible Dependent.

Also, may we still request proof of continued disability on an annual basis?

Thank you. I look forward to your response to our questions.

Sincerely,

Rhonda Gray

Note To Reviewer

Rhonda Gray

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Direct Marketing

Project Name/Number: GAP 2012/A30396NUFIC-AR

Post Submission Update Request Submitted On 09/13/2012

Status: Submitted

Created By: Rhonda Gray

General Information:

Field Name	Requested Change	Prior Value
Domicile Status Comments		
Explanation for Combination/Other		

State: Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Direct Marketing
Project Name/Number: GAP 2012/A30396NUFIC-AR

Form Schedule

Lead Form Number: A30396NUFIC							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/22/2012	A30396NUFIC-AR	POL	Group Accident [and Sickness] Policy	Initial:	51.800	A30396NUFIC-AR-Pol.pdf
2	Approved-Closed 10/22/2012	A30397NUFIC-AR	CER	Group Accident [and Sickness] Insurance Certificate	Initial:	50.100	A30397NUFIC-AR-Cert.pdf
3	Approved-Closed 10/22/2012	A30398NUFIC-AR	AEF	Application	Initial:	50.600	A30398NUFIC-AR-APP.pdf
4	Approved-Closed 10/22/2012	A30399NUFIC	POLA	Amendatory Endorsement	Initial:	50.200	A30399NUFIC-AMEND.pdf
5	Approved-Closed 10/22/2012	A30400NUFIC	POLA	Accident Medical Expense Benefit Rider	Initial:	50.500	A30400NUFIC-AME.pdf
6	Approved-Closed 10/22/2012	A30401NUFIC	POLA	Day Care Benefit Rider	Initial:	51.800	A30401NUFIC-DAY.pdf
7	Approved-Closed 10/22/2012	A30402NUFIC	POLA	Dislocations/Fractures Benefit Rider	Initial:	51.600	A30402NUFIC-DF.pdf
8	Approved-Closed 10/22/2012	A30403NUFIC	POLA	Emergency [Transportation][and][Treatment] Benefit Rider	Initial:	50.200	A30403NUFIC-ETTB.pdf
9	Approved-Closed 10/22/2012	A30404NUFIC	POLA	Family Leave Benefit Rider [Version 1]	Initial:	50.500	A30404NUFIC-FAML1.pdf
10	Approved-Closed 10/22/2012	A30405NUFIC	POLA	Family Leave Benefit Rider [Version 2]	Initial:	50.300	A30405NUFIC-FAML2.pdf
11	Approved-Closed 10/22/2012	A30406NUFIC	POLA	Intensive Care Unit Benefit Rider	Initial:	50.100	A30406NUFIC-ICU.pdf

SERFF Tracking #:

AGDE-128682547

State Tracking #:

Company Tracking #:

A30396NUFIC-AR

State: Arkansas

Filing Company:

National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Direct Marketing

Project Name/Number: GAP 2012/A30396NUFIC-AR

Lead Form Number: A30396NUFIC

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
12	Approved-Closed 10/22/2012	A30407NUFIC	POLA	Recuperation Accident Daily Benefit Rider	Initial:	50.700	A30407NUFIC-RISP.pdf
13	Approved-Closed 10/22/2012	A30408NUFIC	POLA	Recuperation Sickness Daily Benefit Rider	Initial:	50.500	A30408NUFIC-RSSP.pdf
14	Approved-Closed 10/22/2012	A30409NUFIC	POLA	Temporary Total Disability Accident Benefit Rider	Initial:	50.800	A30409NUFIC-TTDL.pdf
15	Approved-Closed 10/22/2012	A30410NUFIC	POLA	Temporary Total Disability Sickness Benefit Rider	Initial:	50.400	A30410NUFIC-TTDS.pdf
16	Approved-Closed 10/22/2012	A30411NUFIC	POLA	Tuition Benefit Rider	Initial:	50.300	A30411NUFIC-TUI.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXX]

GROUP ACCIDENT [AND SICKNESS]¹ INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Master Application. [This Policy provides accident [and Sickness]¹ insurance to Insured Persons while they are participating in a Covered Activity or Covered Activities.]²

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy and in the individual enrollment forms, if any. The Company agrees to provide the Benefits shown in the Benefit Schedule to Insured Persons in accordance with the provisions and conditions of this Policy.

This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect [until the Policy Termination Date]³ as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. [After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates set by the Company at the time of renewal.]⁴

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

THIS IS AN ACCIDENT [ONLY]⁵ [AND SICKNESS]¹ POLICY. [IT DOES NOT COVER SICKNESS OR DISEASE]⁵

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DEFINITIONS

Any capitalized terms in this Policy, Master Application and any riders, endorsements, or other attached papers are to be given the meanings as ascribed in this section or as later defined.

[Age - means the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.]¹

Benefit Schedule – means the Benefit Schedule as shown in the Master Application.

[Common Carrier – means a vehicle in which an Insured Person is a passenger at the time of the accident and which vehicle is duly licensed by a proper authority to transport passengers for a fee. Common Carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. A taxi is not a Common Carrier vehicle.]²

[Covered Activity (ies) - means those activities set out in the Covered Activities section of the Master Application with respect to which Insured Persons are provided accident insurance under this Policy.]¹

[Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.]³

[Domestic Partner – means [an opposite]⁴ [or]⁵ [same]⁶ sex partner who has met all of the following requirements for at least 12 months: (1) resides with You; (2) shares financial assets and obligations with You; (3) is not related by blood to You to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which he or she resides; and (5) neither You or the Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]⁷

[Eligible Spouse – means Your legal spouse [or Domestic Partner]⁷.]⁸

[Eligible Dependent – means an Eligible Spouse [or Eligible Dependent Child]⁹.]⁸

[Eligible Dependent Child – means Your unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in Your home, under age [[19-27]¹⁰] [(23 -29)¹⁰ if attending an accredited institution of higher learning on a full time basis)]¹⁰ and primarily dependent on You for support and maintenance.]⁸

[Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.]³

[Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).]¹¹

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under this Policy is in force; (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other excluded cause) causes a covered loss; and (3) which occurs while such person is participating in a Covered Activity].¹²

[Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.]³

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid when due; (3) while covered under this Policy; and (4) who has enrolled for coverage under this Policy, if required. [However, an Insured does not include any person covered under this Policy solely as an Insured Dependent.]⁹

[Insured Dependent – means Your [Insured Spouse]⁹ [or]¹³ [Insured Dependent Child]⁹.]⁸

[Insured Dependent Child - means Your Eligible Dependent Child: (1) whom You have elected to cover under this Policy; (2) for whom premium has been paid when due; and (3) while covered under this Policy.]⁸

Insured Person – means the Insured [or an Insured Dependent]⁹.

[Insured Spouse – means Your Eligible Spouse; (1) whom You have elected to cover under this Policy; (2) for whom premium has been paid when due; and (3) while covered under this Policy.]⁸

[Medically Necessary – means that confinement as an In-patient in a Hospital is: (1) essential for the diagnosis, treatment and care of the Injury[or Sickness]¹⁵; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.]³

[Motor Vehicle – means, a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less[, which is not licensed to carry passengers for hire]¹. Motor Vehicle does not include boats, All Terrain Vehicles or snowmobiles.]¹⁴

[Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; or 2) an Immediate Family Member.]¹

[Sickness – means an illness or disease which is diagnosed or treated by a Physician.]¹⁵

You, Your – means the Insured.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. [The Company may terminate this Policy by giving 30 days advance notice in writing to the Policyholder.]¹ [Either the Company or the Policyholder may terminate this Policy on any premium due date by giving 30 days advance written notice to the other party.]² This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on [the earlier of: (1)]³ [the Policy Termination Date shown in the Master Application]⁴; or (2)]³ the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. Your coverage under this Policy begins on the latest of: (1) this Policy Effective Date; (2) the date for which the first premium for Your coverage is paid when due; (3) the date You become a member of an eligible class of persons[, other than as an Eligible Dependent,]¹ as described in the Classification of Eligible Persons section of the Master Application; (4) if individual enrollment is required, the date [written]² enrollment is received [by this Policyholder]³; or (5) the Coverage Effective Date shown in the Master Application.

[A change in Your coverage under this Policy becomes effective on the latest of: (1) when the change occurs; (2) if the change requires a change in premium, the date the first changed premium is paid when due; [or] (3) if individual enrollment for the change is required, the date the [written enrollment form requesting the]² change is received [by this Policyholder]³ [; or (4) (*description of first-of-month effective date, actively at work requirement, etc.*)]⁴. However, a change in coverage applies only with respect to accidents [or Sickneses]⁸ that occur after the change becomes effective.]⁵

Termination Date. Your coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated[(unless the Company and this Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums)]⁵; (2) the premium due date if premiums are not paid when due; (3) the date You cease to be a member of any eligible class(es) of persons, as described in the Classification of Eligible Persons section of the Master Application [; or] (4) the date You request, in writing, that Your coverage be terminated[; or] [(5) any Coverage Termination Date specified in the Master Application]⁶; or (6) the date You attain Age [70, 75, 80]].⁷

Termination of coverage will not affect a claim for a covered loss that occurred while Your coverage was in force under this Policy.

[INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. Your Eligible Dependent's coverage under this Policy begins on the latest of: (1) the date Your coverage under this Policy begins, (2) the date the first premium for the Eligible Dependent's coverage is paid when due; [or] (3) the date the person becomes an Eligible Dependent; or 4) if individual enrollment is required, the date Your [written]² enrollment is received [by the Policyholder]³.

[If a husband and wife are both eligible to enroll for coverage under this Policy, one, but not both, may purchase Insured Dependent coverage. The other spouse may elect individual coverage only.]⁵

[A change in an Insured Dependent's coverage under this Policy become(s) effective on the latest of: (1) when the change occur(s); (2) if the change requires a change in premium, the date the first changed premium is paid when due; [or] (3) if individual enrollment for the change is required, the date the [written enrollment form

requesting the² change is received [by the Policyholder]³ [or (4) *description of first-of-month effective date, etc.*]⁴. However, a change in coverage applies only with respect to accidents [or Sicknesses]⁸ that occur after the change becomes effective.]⁵

Termination Date. An Insured Dependent's coverage under this Policy ends on the earliest of: (1) the date Your coverage under this Policy ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; (3) the date You request, in writing, that coverage for the Insured Dependent be terminated; [or] (4) the date the Insured Dependent ceases to meet the definition of an Eligible Dependent[; or] [(5) any Coverage Termination Date specified in the Master Application]⁶ [; or (6) the date the Insured Dependent attains Age [70, 75, 80]]⁷

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured Dependent's coverage was in force under this Policy.]¹

[Continuation Due to Incapacity of an Insured Dependent Child

Your Insured Dependent Child who is covered under this Policy before reaching the age limit specified in the definition of Eligible Dependent Child, who is incapable of self-sustaining self support by reason of mental or physical incapacity, and who is primarily dependent on You for support and maintenance, may continue to be insured under this Policy beyond that age limit for as long as Your coverage is in force, but only if the Insured Dependent Child remains continuously covered under this Policy. The Company, at its own expense, may request that You submit satisfactory proof of the Insured Dependent Child's incapacity and dependency to the Company before the Insured Dependent Child reaches the age limit specified in the definition of Eligible Dependent Child. If You fail to furnish the requested proof before the Insured Dependent Child reaches the age limit, coverage for the Insured Dependent Child will not be extended past the age limit. If coverage is extended, the Company may request that You submit satisfactory proof of the Insured Dependent Child's continued incapacity and dependency to the Company on an annual basis. If You fail to furnish the requested proof, coverage for the Insured Dependent Child will terminate at the end of the period for which premiums have been paid.]⁹

[Right to Continue Dependent Coverage

If You have Dependent coverage in effect on the date of the accident that causes Your death and You are survived by Your Insured Spouse [who is under age [70, 75, 80]]⁷, coverage may continue under this Policy for all Insured Dependent(s) Any continuation will be subject to all other Policy terms and conditions.

If on the date of Your death, there is no Insured Spouse, coverage will end for all Insured Dependent(s) at the end of the period for which any premium has been paid for such Insured Dependent(s).

Insured Dependent Coverage will be continued until the earliest of:

- (1) the end of the period for which any premium has been paid;
- (2) the date we receive a request, in writing, that coverage for any/all Insured Dependent(s) be terminated;[
[or]
- (3) for an Insured Dependent Child, the date that child ceases to meet the definition of an Eligible Dependent [unless eligible under the Continuation Due to Incapacity of an Insured Dependent Child provision. If applicable, the Insured Spouse will need to provide the Company with satisfactory proof as outlined in the Continuation Due to Incapacity of an Insured Dependent Child provision]⁹]⁹ [; or
- (4) the date Your Insured Spouse remarries]⁵.

[In the event an Insured Dependent, whose coverage is being extended under this provision suffers a loss for which a benefit is payable under this Policy, the Insured Dependent's benefit will be determined based on the coverage in effect on the date of the accident which caused Your death.]⁵]⁹

[Right to Continue Coverage

[Option 2]

If coverage for any Insured Person terminates for any reason except for non-payment of premium or termination of this Policy, that Insured Person may elect to continue coverage [provided he or she has not attained age [70, 75, 80]]⁷. To elect continued coverage, the Insured Person must notify the Company and pay the required premium within 31 days of the date coverage would otherwise terminate.

Coverage continued under this provision is subject to all other provisions and limitations of this Policy. In no event will coverage continue beyond:

1. the date this Policy terminates; [or]
2. the last period for which premium is paid[; or
3. the Coverage Termination Date specified in the Master Application]⁶,
whichever occurs first.]⁵

POLICY PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. [The Company may change the required premiums due on any [premium due date]¹[premium due date on or after the [first]² Policy anniversary date, as measured annually from the Policy Effective Date,]¹[Policy anniversary date, as measured annually from the Policy Effective Date,]¹[Policy anniversary date after the [first]² Policy anniversary date, as measured annually from the Policy Effective Date,]¹ by giving the Policyholder at least 31 days advance written notice.]³[The Company may change the required premiums as a condition of any renewal of this Policy.]⁴ The Company may also change the required premiums at any time when any change in coverage affecting premiums is made in this Policy.(Any such change in this Policy will not take effect until any required additional premium is received by the Company, except as otherwise agreed to in writing by the Company and the Policyholder.)

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first premium. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

INSURED'S PREMIUM

Premiums. The Company provides insurance in return for premium payments.[The premium shown in the Schedule is payable to the Company in the manner described in the Master Application.]¹ The Company may change the required premiums due by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in this Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first premium. An Insured Person's coverage will not be terminated for nonpayment of premium during the Grace Period if all premiums due are paid by the last day of the Grace Period. An Insured Person's coverage will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the Grace Period.

No Grace Period will be provided if the Company receives notice to terminate the Insured Person's coverage under this Policy prior to a premium due date.

BENEFITS

Maximum Amount. As applicable to each Benefit provided by this Policy for each Insured Person, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured Person's class in the Benefit Schedule[, subject to the Reduction Schedule shown in the Limitations section]¹. [However, if the [individual enrollment form, or]² Master Application describes several choices of maximum amounts for that Benefit for the Insured Person's eligible class, the Insured Person's maximum amount for that Benefit is the amount You select on Your written enrollment form[, subject to the Reduction Schedule shown in the Limitations section]¹.]³ [Any change in Your selection of a maximum amount becomes effective as described in the Insured's Effective and Termination Dates section.]³ [Any change in the selection of an Insured Dependent's maximum amount becomes effective as described in the Insured Dependent's Effective and Termination Dates section.]⁴

[Benefit Escalator. The Maximum Amount shown in the Benefit Schedule [for all benefits]⁵ [for the benefits listed below]⁶ for each Insured Person who remains continuously covered under this Policy will be increased every [3, 6, 12] Policy Months for [12, 18, 24, 30, 36, 60, 120] Policy Months from the Insured Person's coverage effective date by a dollar amount equal to the Escalator Percentage of the Maximum Amount that was in force on this Policy Effective Date. The increase will be simple, not compound, increase. [The increased Maximum Amount is subject to the Reduction Schedule provision as shown in the Limitations section.]⁷ Policy Months are measured from the month and day of the Insured Person's coverage effective date.

<i>Benefit</i>	<i>Escalator Percentage</i>
[All Benefits] ⁵	[5, 10, 15, 20, 25]%
Accidental Death	[5, 10, 15, 20, 25]%
Accidental Dismemberment	[5, 10, 15, 20, 25]%
Accident Medical Expense	[5, 10, 15, 20, 25]%
Day Care	[5, 10, 15, 20, 25]%
Dislocations and Fractures	[5, 10, 15, 20, 25]%
Emergency Transportation	[5, 10, 15, 20, 25]%
Emergency Treatment	[5, 10, 15, 20, 25]%
Family Leave	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Single Payment	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Single Payment	[5, 10, 15, 20, 25]%
Intensive Care Unit	[5, 10, 15, 20, 25]%
Physician Office Visits Indemnity	[5, 10, 15, 20, 25]%
Recuperation Accident Single Payment	[5, 10, 15, 20, 25]%
Recuperation Sickness Single Payment	[5, 10, 15, 20, 25]%
Total Temporary Disability Accident	[5, 10, 15, 20, 25]%
Total Temporary Disability Sickness	[5, 10, 15, 20, 25]%
Tuition	[5, 10, 15, 20, 25]%
[Additional Rider	[5, 10, 15, 20, 25]%] ⁸ ⁹

[Accidental Death Benefit

If Injury to an Insured Person results in death[within [90,120,180, 365] days of the date of the accident that caused the Injury]¹⁰, the Company will pay 100% of the Accidental Death Maximum Amount shown in the Benefit Schedule.

Exposure and Disappearance

If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within [6 months; 1 year] of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.]⁹

[Accidental Dismemberment Benefit

If Injury to the Insured Person results[, within [90,120,180, 365] days of the date of the accident that caused the Injury,]¹⁰ in any one of the Losses specified below, the Company will pay the percentage shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

<u>For Loss of</u>	<u>Percentage of Maximum Amount</u>
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
[Speech and Hearing in Both Ears	100%] ³
One Hand or One Foot	50%
The Sight of One Eye	50%
[Speech or Hearing in Both Ears	50%] ³
[Hearing in One Ear	25%] ³
[Thumb and Index Finger of Same Hand	25%] ³

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. [“Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak.]³ “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.]³

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.]⁹

[In-Hospital Indemnity Daily Benefit

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [for each day] [after 1,2,3,4,5,6,7,8,14] day(s) of Medically Necessary Day(s) of Confinement due to that Injury[, retroactive to the first Day of Confinement]¹¹. No benefit is provided for [the first[2,3,4,5,6,7,8,14]¹² Day(s) of Confinement or for]¹³ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Daily Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. The benefit is payable [monthly/weekly]¹⁴ up to the Maximum Number of Days shown for the In-Hospital Indemnity

Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one In-Hospital Indemnity Daily Benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Period of Confinement, as used in this Benefit - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.⁹

[In-Hospital Indemnity Sickness Daily Benefit]

If[, after an Insured Person has been covered under this Policy for at least [30,90,180,270,365] consecutive days and that]¹⁵ [an]¹⁶ Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit after [1,2,3,4,5,6,7,8,14] consecutive day(s) of Medically Necessary Day(s) of Confinement due to that Sickness[, retroactive to the [first] Day of Confinement]¹⁷. No benefit is provided for [the first[2,3,4,5,6,7,8,14]¹⁸ Day(s) of Confinement or for]¹⁹ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Daily Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness. The benefit is payable [monthly/weekly]¹⁴ up to the Maximum Number of Days shown for the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one In-Hospital Indemnity Sickness Daily Benefit is provided for any one Day of Confinement, regardless of the number of Sicknesses for which the confinement is required. The Maximum Number of In-Hospital Indemnity Sickness Daily Benefits Payable during the lifetime of the Insured Person is shown in the Benefit schedule.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.²⁰

[Termination. Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].²¹

Period of Confinement, as used in this Benefit, means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.

If the same Insured Person is again confined due to the same Sickness or a new Sickness and such successive confinement is separated from the admission date for the first confinement by at least [60,90,120] days and the Insured Person has not been paid the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit for previous Medically Necessary Days of Confinement, benefits will continue to be payable under this benefit for the same Sickness or a new Sickness in accordance with the requirements specified above until the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Scheduled have been paid for that Insured Person. Once this Maximum Number of Days has been reached, no benefits are payable for any additional confinements due to Sickness for the lifetime of the Insured Person.

Exclusions. In addition to the Exclusions in the Exclusions section of this Policy, and any amendment thereto, In-Hospital Indemnity Sickness Daily benefits are not payable for Hospital confinement due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁹

[In-Hospital Indemnity Single Payment Benefit

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [15,30,60,90] consecutive day(s) of]²² [as shown in the Benefit Schedule for]²³ Medically Necessary Day(s) of Confinement due to that Injury. No benefit is provided if the Insured Person is confined for less than [15,30,60,90] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Single Payment Maximum Amount shown in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one In-Hospital Indemnity Single Payment Benefit is provided for any one accident per Insured Person regardless of the number of Injuries for which the confinement is required or the number of times the Insured Person must be confined due to Injuries resulting from the same accident. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one In-Hospital Indemnity Single Payment Maximum Amount will be paid.]²³ The Maximum Number of In-Hospital Indemnity Single Payment Benefits Payable during the lifetime of the Insured Person is shown in the Benefit Schedule.]⁹

[In-Hospital Indemnity Sickness Single Payment Benefit

If[, after an Insured Person has been covered under this Policy for at least [30,90,180,270,365] consecutive days and that]¹⁵ [an]¹⁶ Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [15, 30, 60, 90] consecutive day(s) of]²⁴ [as shown in the Benefit Schedule for]²⁵ Medically Necessary Day(s) of Confinement due to that Sickness. No benefit is provided if the Insured Person is confined for less than [15, 30, 60, 90] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Single Payment Maximum Amount shown in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one In-Hospital Indemnity Sickness Single Payment Maximum Amount will be paid.]²⁵ The Maximum Number of In-Hospital Indemnity Sickness Single Payment Benefits Payable during the lifetime of the Insured Person is shown in the Benefit Schedule.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]²⁰

[Termination. Coverage under this Benefit does not apply to Sicknesses which occur after the Insured Person's attained age [65, 70, 75, 80].]²¹

Exclusions. In addition to the Exclusions in the Exclusions section of this Policy, and any amendment thereto, In-Hospital Indemnity Sickness Single Payment benefits are not payable for Hospital confinement due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁹

[Physician's Office Visits Indemnity Benefit

If[, after an Insured Person has been covered under this Policy for at least [30,90,180,270,365]²⁶ consecutive days,]²⁷ the Insured Person visits a Physician's office for treatment [of: [Routine Well Care]²⁸ [or] [an Injury]²⁹ [or] [a Sickness]³⁰⁻³¹] while the Insured Person's coverage under this Benefit is in force, the Company will pay a benefit equal to the Benefit Amount Per Visit shown in the Benefit Schedule, subject to the Maximum [and Combined Maximum]³² Number of Visits and the Maximum [and Combined Maximum]³³ Benefit Amount shown in the Benefit Schedule. [No benefit is payable if an Insured Person does not incur a Physician's office visit fee.]³⁴ [The Lifetime Maximum Number of Visits is shown in the Benefit Schedule.]³⁵ [The Lifetime Maximum Benefit Amount is shown in the Benefit Schedule.]³⁶

[Termination Date. Coverage under this Benefit ends on [the earlier of:] [(1)] the date the [Lifetime Maximum Number of Visits [or]the Lifetime Maximum Benefit Amount]³⁷ shown in the Benefit Schedule is met;]³⁸ [or] [(2)] [(1-5)]³⁹ years]⁴⁰ [(12-60)]³⁹ months]⁴⁰ from the Insured Person's effective date of coverage under this Benefit.]⁴¹⁻⁴²

Definitions

[Routine Well Care – means a physical examination or appropriate immunization. Service must be under the supervision of or recommended by a Physician.]⁴³

[Sickness – means an illness or disease which is diagnosed or treated by a Physician after the effective date of coverage under this Policy.]⁴⁴

[Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁴⁵⁹

[INSURED'S LIMITATIONS]¹

[Limitation on Multiple Covered Activities. If an Insured Person's Injury occurs while participating in more than one Covered Activity for which the same Benefit applies, then the Maximum Amount for that Benefit will be determined as though the Injury occurred while the Insured Person was participating in the Covered Activity with the largest Maximum Amount for that Benefit.]⁴

[Limitation on Benefit Payments. The Maximum Amount payable under this Policy may be reduced if more than one Insured Person insured under this Policy suffers a loss as the result of the same accident, and if amounts are payable under one or more of the following Benefits provided by this Policy: [Accidental Death Benefit, Accidental Dismemberment Benefit, Accident Medical Expense Benefit, Day Care Benefit, Dislocations and Fractures Benefit, Emergency [Transportation] [and] [Treatment] Benefit, Family Leave Benefit, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Single Payment Benefit, In-Hospital Indemnity Sickness Daily Benefit, In-Hospital Indemnity Sickness Single Payment Benefit, Intensive Care Unit Benefit, Physician's Office Visits Indemnity Benefit, Recuperation Accident Single Payment Benefit, Recuperation Sickness Single Payment Benefit, Temporary Total Disability Accident Benefit, Temporary Total Disability Sickness Benefit, Tuition Benefit.]³ The Maximum Amount payable for all such losses for all Insured Persons insured under this Policy under all those Benefits combined will not exceed the amount shown as the Per Accident Maximum Amount in the Benefit Schedule. If the combined Maximum Amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Maximum Amount otherwise payable for each Insured Person or all such losses under all those Benefits combined.]⁴

[Reduction Schedule. An Insured Person who [is age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 8} [with respect to Sickness, is age [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury, is age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 9} or older on the date of the accident [or Sickness]² causing the loss will receive [50%]¹⁰ of the Maximum Amount for that benefit as shown in the Benefit Schedule. [An Insured Person age 75 or older on the date of the accident [or Sickness]² causing the loss will receive [25%]¹⁰ of the Maximum Amount for that benefit as shown in the Benefit Schedule.]¹¹

The Maximum Amount as referenced above is the Maximum Amount listed for an Insured Person who is under age [65, 70, 75]⁵ on the date of the accident [or Sickness]² causing the loss.

Premium for an Insured Person [age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 8} [, with respect to Sickness age [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 9} or older is based on 100% of the coverage that would be in effect if the Insured Person were under [age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 8} [, with respect to Sickness [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 9}.]⁴

INSURED'S EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury¹.

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury [or autoeroticism]¹.
2. sickness[, [or] disease[, mental incapacity or bodily infirmity]¹ whether the loss results directly or indirectly from [any]¹ [either]¹ of these.
3. the Insured Person's commission of or attempt to commit a [felony]¹ [crime]¹.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition [including but not limited to diabetes]¹.
5. declared or undeclared war, or any act of declared or undeclared war[, except if specifically provided by this Policy]¹.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft, unless specifically provided for under this Policy; or
 - c. riding as a passenger in an aircraft owned, leased or operated by this Policyholder or the Insured's employer[, unless specifically provided for under this Policy]¹.
8. the Insured Person being under the influence of intoxicants[, while operating any vehicle or means of transportation or conveyance]¹.
9. the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician.
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity [whether the loss results directly or indirectly from the treatment]¹.
11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
12. the Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
- [13. any loss incurred while outside the United States, its Territories or Canada.]¹

INSURED'S CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the Insured Person to the Company at [American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701]¹, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include Your name, the Insured Person's name, if different, this Policyholder's name and this Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the applicable Beneficiary Designation and Change provision.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured [Person suffering the loss]². If an Insured [Person]² dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the applicable Beneficiary Designation and Change provision.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

POLICY GENERAL PROVISIONS

Assignment. This Policy is non-assignable.

Certificates of Insurance. The Company will provide certificates of insurance for delivery to each Insured describing the coverage provided, any limitations, reductions, and exclusions applicable to the coverage, and to whom benefits will be paid.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

New Entrants. This Policy will allow from time to time, that new eligible Insureds of the Policyholder be added to the class(es) of Insureds originally insured under this Policy.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

INSURED'S GENERAL PROVISIONS

Assignment. You may not assign any of Your rights, privileges or benefits under this Policy.

Clerical Error. Clerical error, whether by this Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Entire Contract; Changes. This Policy, the Application(s), the Certificate, any individual Enrollment Forms, riders, endorsements and any other attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by this Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. After an Insured Person has been insured under this Policy for two year(s) during his lifetime, no statement made by You [or an Insured Dependent, if applicable]¹, except a fraudulent one, will be used to contest a claim under this Policy. The Company may only contest coverage if the misstatement is

made in a written instrument signed by You [or the Insured Dependent]¹ and a copy is given to the Policyholder, You, or the beneficiary.

Insured Beneficiary Designation and Change. Your designated beneficiary(ies) is (are) the person(s) so named by You as shown on the [Company's]²[Policyholder's]² records kept on this Policy.

If You are an Insured over the age of majority and legally competent, You may change Your beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the [Company]²[Policyholder]², with a written request for change. When the request is received by the [Company]²[Policyholder]², whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after Your death, [the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: Your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is Your estate.]³ [the beneficiary is Your estate.]³

[Insured Dependent's Beneficiary Designation and Change. The Insured Dependent's beneficiary is You unless You have named (a) different beneficiary(ies) for Your Insured Dependent's coverage as shown on the [Company's]²[Policyholder's]² records kept on this Policy.

If You are over the age of majority and legally competent, You may change the beneficiary designation for Your Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies), by providing the [Company]²[Policyholder]² with a written request for change. When the request is received by the [Company]²[Policyholder]² whether You or Your Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is Your estate.]¹

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

[Other Insurance in this Insurer. Insurance effective at any one time on an Insured Person under this Policy and another policy or policies providing the same type of benefits issued by the Company is limited to the one policy elected by the Insured Person, or the Insured Person's beneficiary or estate, as the case may be, and the Company will return all premiums paid for all other such policies.**]**⁴

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXX]

Insured: [John Doe]
Customer Number: [XXXXX]

GROUP ACCIDENT [AND SICKNESS]¹ INSURANCE CERTIFICATE

ABOUT THIS CERTIFICATE. This certificate describes accident [and Sickness]¹ insurance the Company provides to Insured Persons under the Group Policy (herein called the Policy) issued to the Policyholder.

[RIGHT TO EXAMINE THIS CERTIFICATE. This certificate of insurance is issued to You, the Insured, and can be returned for any reason within [the later of: (1) [30 days after it is received by You]²; or (2) [30 days after Your Coverage Effective Date]². The certificate should be returned by mail or in person to the Company. Any premium paid will be refunded and the certificate will be treated as if it were never issued.]³

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Certificate:



President



Secretary

PLEASE READ THIS CERTIFICATE CAREFULLY.

THIS CERTIFICATE DESCRIBES ACCIDENT [ONLY]⁴ [AND SICKNESS]¹ COVERAGE. [NO COVERAGE IS PROVIDED FOR SICKNESS OR DISEASE.]⁴

[THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from this Company.]⁵

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SCHEDULE ¹

CLASSIFICATION OF ELIGIBLE PERSONS:

- [Class 1 All Accountholders of ABC Organization]
- [Class 2 Eligible Spouses of Class I Insureds]
- [Class 3 Eligible Dependent Child(ren) of Class 1 Insureds]

INSURED: [John Doe]

CUSTOMER NUMBER: [XXXXX]

COVERAGE EFFECTIVE DATE: [(mm/dd/yy)]

COVERAGE TERMINATION DATE: [(mm/dd/yy)]

[PREMIUM PAYMENTS:

[Monthly Premium: First [policy year][month][2-18 months] paid by [ABC Organization]

Monthly premium in month [X] and thereafter: \$XX.XX]

[Monthly, Quarterly, Semi-Annual, Annual] Premium: \$X.XX]

[COVERED ACTIVITIES:

1. 24 Hour Coverage. [(“24 Hour”)]²
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian. [(“Motor Vehicle”)]²
3. While riding as a fare-paying passenger on a Common Carrier. [(“Common Carrier”)]^{2,3}

BENEFIT SCHEDULE:

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[Accidental Death			
[Ages [64, 69, 74] and under] ^{4,5}	\$[1,000 – 500,000]	\$[1,000 – 500,000]	\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	\$[500 – 250,000]	\$[500 – 250,000]	\$[500 – 250,000]
[Age 75[and older] ⁶ [to termination] ⁷] ⁵	\$[250 – 125,000]	\$[250 – 125,000]	\$[250 – 125,000]
[24 Hour			
[Ages [64, 69, 74] and under] ^{4,5}	\$[1,000 – 500,000]	\$[1,000 – 500,000]	\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	\$[500 – 250,000]	\$[500 – 250,000]	\$[500 – 250,000]
[Age 75[and older] ⁶ [to termination] ⁷] ⁵	\$[250 – 125,000]	\$[250 – 125,000]	\$[250 – 125,000]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	\$[1,000 – 500,000]	\$[1,000 – 500,000]	\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to			

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Common Carrier [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ^{8,9}	\$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]	\$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]	\$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]
[Accidental Dismemberment [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Common Carrier [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ^{8,9}	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]
[Accident Medical Expense [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000] \$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000] \$[50,000 – 2,000,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000] \$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000] \$[50,000 – 2,000,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000] \$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000] \$[50,000 – 2,000,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>termination]^{4,7,4,5} [Age 75 [and older]⁶ [to termination]^{7,5}]⁸</p> <p>[Deductible [Per Accident]¹⁰ Amount (Non-Dental): \$[2,000 – 50,000]]¹⁰ [Per Insured Person in Class 1, 2 and 3 \$[5,000 – 50,000]]¹⁰</p> <p>[Dental [Per Accident:]¹⁰ [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7,4,5} [Age 75 [and older]⁶ [to termination]^{7,5}]¹⁰</p> <p>[Deductible [Per Accident]¹⁰ Amount (Dental) : \$[100 – 1,000]]¹⁰ [Per Insured Person in Class 1, 2 and 3 \$[100 – 1,000]]^{10,9}</p>	<p>\$[25,000 – 1,000,000] \$[12,500 – 500,000]</p> <p>\$[500 – 10,000]</p> <p>\$[250 – 5,000] \$[125 – 2,500]</p>	<p>\$[25,000 – 1,000,000] \$[12,500 – 500,000]</p> <p>\$[500 – 10,000]</p> <p>\$[250 – 5,000] \$[125 – 2,500]</p>	<p>\$[25,000 – 1,000,000] \$[12,500 – 500,000]</p> <p>\$[500 – 10,000]</p> <p>\$[250 – 5,000] \$[125 – 2,500]</p>
<p>[Day Care</p> <p>[Percentage of Accidental Death Maximum Amount]¹⁰</p> <p>[One-time Lump Sum Amount:]^{10,9}</p>	<p>\$[1,000-\$50,000]</p> <p>[2 – 50%]</p> <p>\$[1,000 - \$25,000]</p>	<p>\$[1,000-\$50,000]</p> <p>[2 – 50%]</p> <p>\$[1,000 - \$25,000]</p>	<p>\$[1,000-\$50,000]</p> <p>[2 – 50%]</p> <p>\$[1,000 - \$25,000]</p>
<p>[Dislocations</p> <p>Fractures</p> <p>Maximum Dislocations/Fractures Benefit]⁹</p>	<p>See Benefit</p> <p>See Benefit</p> <p>\$[100 – 100,000]</p>	<p>See Benefit</p> <p>See Benefit</p> <p>\$[100 – 100,000]</p>	<p>See Benefit</p> <p>See Benefit</p> <p>\$[100 -100,000]</p>
<p>[Emergency Transportation</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7,4,5} [Age 75 [and older]⁶ [to termination]^{7,5}</p> <p>[24 Hour [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7,4,5} [Age 75 [and older]⁶ [to termination]^{7,5}</p> <p>Motor Vehicle [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to</p>	<p>\$[25 – 5,000]</p> <p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000]</p> <p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000]</p>	<p>\$[25 – 5,000]</p> <p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000]</p> <p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000]</p>	<p>\$[25 – 5,000]</p> <p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000]</p> <p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ⁸ [Maximum Number of Emergency Transportation Benefits per Insured Person per Calendar Year: [1-5]] ^{10,9}	\$[25 – 2,500] \$[25 – 1,250]	\$[25 – 2,500] \$[25 – 1,250]	\$[25 – 2,500] \$[25 – 1,250]
[Emergency Treatment] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ⁸ [If Admitted as an In-Patient [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ¹⁰ [Due to a Fracture [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ¹⁰ [For [all other] Injuries [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ¹⁰ [Maximum Number of Emergency Treatment Benefits per Insured Person	\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]	\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]	\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
per Calendar Year: [1-5] ^{10,9}			
[Family Leave] Monthly Maximum Amount [Ages [64, 69, 74] and under] ^{4,5} \$[8,333.33] [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} \$[8,333.33] [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ \$[8,333.33] Maximum Number of Months: [12, 24, 36] ⁹	[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount/No Benefit]
[In-Hospital Indemnity Daily] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ⁸ Maximum Number of Days: [30, 60, 90, 120, 180, 365] ⁹	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]
[In-Hospital Indemnity Sickness Daily] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Maximum Number of Days: [30, 60, 90, 120, 180, 365]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]] ⁹			
[In-Hospital Indemnity Single Payment			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[24 Hour			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ⁸	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[Medically Necessary Confinement			
If Confined for:			
[15-29] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[30-59] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[60-89] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[90+] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ¹⁰	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]] ⁹			
[In-Hospital Indemnity Sickness Single]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[Medically Necessary Confinement If Confined for:			
[15-29] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁴ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[30-59] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[60-89] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[90+] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ¹⁰	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]] ⁹			
[Intensive Care Unit]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 2, 500]	[\$25 – 2, 500]	[\$25 – 2, 500]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵	\$[25 - 100] \$[25 - 50]	\$[25 - 100] \$[25 - 50]	\$[25 - 100] \$[25 - 50]
[-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [1-8]] ^{10,13}	[1-8]	[1-8]	[1-8]
[-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵] ⁴ [Per Family: \$[25 - 1,600]] ¹³ ¹²	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]
[Sickness Related Visits Benefit Amount Per Visit: [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵	\$[25 - 200] \$[25 - 100] \$[25 - 50]	\$[25 - 200] \$[25 - 100] \$[25 - 50]	\$[25 - 200] \$[25 - 100] \$[25 - 50]
[-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [1-8]] ^{10,13}	[1-8]	[1-8]	[1-8]
[-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ [Per Family: \$[25 - 1,600]] ¹³ ¹²	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 400] \$[25 - 800]
[Combined Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Family] ¹⁰ : [1-8]] ¹³	[1-8]	[1-8]	[1-8]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[Combined Maximum Benefit Amount [Per Calendar [Month]¹¹ [Quarter]¹¹ [Year]^{11,10} [Per [1-12] months]¹⁰ [Per Family]¹⁰: \$[25 – 1, 600]]^{10,13}</p> <p>[Lifetime Maximum Number of Visits for all Physician Office Visits [Per Insured Person:]¹⁰ [Per Family: [1-60]]^{10,13}</p> <p>[Lifetime Maximum Benefit Amount for all Physician Office Visits [Per Insured Person]¹⁰ [Per Family: \$[25 – 12,000]]^{10,13,9}</p>			
<p>[Recuperation Accident Single Payment</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]^{7,5}</p> <p>[24 Hour [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]^{7,5}</p> <p>Motor Vehicle [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]^{7,5}]⁸</p> <p>Maximum Number of Days: [30, 60, 90]]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>
<p>[Recuperation Sickness Single Payment</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]^{7,5}</p> <p>Maximum Number of Days: [30, 60, 90]]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[Temporary Total Disability Accident] Elimination Period: [30,60,90] consecutive days Maximum Number of Months Payable: [1-24] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ^{8,9}	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]
[Temporary Total Disability Sickness] Elimination Period: [30,60,90] consecutive days Maximum Number of Months Payable: [1-24] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ^{5,9}	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]
[Tuition] [Percentage of Accidental Death Maximum Amount] ¹⁰ [One-time Lump Sum Amount] ¹⁰] ⁹	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]
[Additional Rider] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ^{5,8,14}	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in this Certificate.

[Per Accident] Maximum Amount [\$XXXX].¹⁵

DEFINITIONS

Any capitalized terms in this Certificate and any riders, endorsements, or other attached papers are to be given the meanings as ascribed in this section or as later defined.

[Age - means the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.]¹

[Common Carrier – means a vehicle in which an Insured Person is a passenger at the time of the accident and which vehicle is duly licensed by a proper authority to transport passengers for a fee. Common Carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. A taxi is not a Common Carrier vehicle.]²

[Covered Activity (ies) - means those activities set out in the Covered Activities section of the Schedule with respect to which Insured Persons are provided accident insurance under the Policy.]¹

[Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.]³

[Domestic Partner – means [an opposite]⁴ [or]⁵ [same]⁶ sex partner who has met all of the following requirements for at least 12 months: (1) resides with You; (2) shares financial assets and obligations with You; (3) is not related by blood to You to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which he or she resides; and (5) neither You or the Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]⁷

[Eligible Spouse – means Your legal spouse [or Domestic Partner]⁷.]⁸

[Eligible Dependent – means an Eligible Spouse [or Eligible Dependent Child]⁹.]⁸

[Eligible Dependent Child – means Your unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in Your home, under age [[19-27]¹⁰] [(23 -29)¹⁰ if attending an accredited institution of higher learning on a full time basis)]¹⁰ and primarily dependent on You for support and maintenance.]⁸

[Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.]³

[Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).]¹¹

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident and that occurs while the injured person's coverage under the Policy is in force; (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other excluded cause) causes a covered loss; and (3) which occurs while such person is participating in a Covered Activity.]¹²

Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.]³

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Schedule; (2) for whom premium has been paid when due; (3) while covered under the Policy; and (4) who has enrolled for coverage under the Policy, if required. [However, an Insured does not include any person covered under the Policy solely as an Insured Dependent.]⁹

Insured Dependent – means Your [Insured Spouse]⁹ [or]¹³ [Insured Dependent Child]⁹.⁸

Insured Dependent Child - means Your Eligible Dependent Child: (1) whom You have elected to cover under the Policy; (2) for whom premium has been paid when due; and (3) while covered under the Policy.]⁸

Insured Person – means the Insured [or an Insured Dependent]⁹.

Insured Spouse – means Your Eligible Spouse; (1) whom You have elected to cover under the Policy; (2) for whom premium has been paid when due; and (3) while covered under the Policy.]⁸

Medically Necessary – means that confinement as an In-patient in a Hospital is: (1) essential for the diagnosis, treatment and care of the Injury[or Sickness]¹⁵; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.]³

Motor Vehicle – means, a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less[, which is not licensed to carry passengers for hire]¹. Motor Vehicle does not include boats, All Terrain Vehicles or snowmobiles.]¹⁴

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; or 2) an Immediate Family Member.]¹

Sickness – means an illness or disease which is diagnosed or treated by a Physician.]¹⁵

You, Your – means the Insured.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. Your coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for Your coverage is paid when due; (3) the date You become a member of an eligible class of persons[, other than as an Eligible Dependent,]¹ as described in the Classification of Eligible Persons section of the Schedule; (4) if individual enrollment is required, the date [written]² enrollment is received [by the Policyholder]³; or (5) the Coverage Effective Date shown in the Schedule.

[A change in Your coverage under the Policy becomes effective on the latest of: (1) when the change occurs; (2) if the change requires a change in premium, the date the first changed premium is paid when due; [or] (3) if individual enrollment for the change is required, the date the [written enrollment form requesting the]² change is received [by the Policyholder]³ [; or (4) (*description of first-of-month effective date, actively at work requirement, etc.*)].⁴ However, a change in coverage applies only with respect to accidents [or Sickneses]⁸ that occur after the change becomes effective.]⁵

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated[(unless the Company and the Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums)]⁵; (2) the premium due date if premiums are not paid when due; (3) the date You cease to be a member of any eligible class(es) of persons, as described in the Classification of Eligible Persons section of the Schedule[; or] (4) the date You request, in writing, that Your coverage be terminated[; or] [(5) any Coverage Termination Date specified in the Schedule]⁶[; or (6) the date You attain Age [70, 75, 80]].⁷

Termination of coverage will not affect a claim for a covered loss that occurred while Your coverage was in force under the Policy.

[INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. Your Eligible Dependent's coverage under the Policy begins on the latest of: (1) the date Your coverage under the Policy begins, (2) the date the first premium for the Eligible Dependent's coverage is paid when due; [or] (3) the date the person becomes an Eligible Dependent; or 4) if individual enrollment is required, the date Your [written]² enrollment is received [by the Policyholder]³.

[If a husband and wife are both eligible to enroll for coverage under the Policy, one, but not both, may purchase Insured Dependent coverage. The other spouse may elect individual coverage only.]⁵

[A change in an Insured Dependent's coverage under the Policy become(s) effective on the latest of: (1) when the change occur(s); (2) if the change requires a change in premium, the date the first changed premium is paid when due; [or] (3) if individual enrollment for the change is required, the date the [written enrollment form requesting the]² change is received [by the Policyholder]³ [or (4) (*description of first-of-month effective date, etc.*)].⁴ However, a change in coverage applies only with respect to accidents [or Sickneses]⁸ that occur after the change becomes effective.]⁵

Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of: (1) the date Your coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; (3) the date You request, in writing, that coverage for the Insured Dependent be terminated; [or] (4) the date the Insured Dependent ceases to meet the definition of an Eligible Dependent[; or] [(5) any Coverage Termination Date specified in the Schedule]⁶ [; or (6) the date the Insured Dependent attains Age [70, 75, 80]].⁷

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured Dependent's coverage was in force under the Policy.]¹

[Continuation Due to Incapacity of an Insured Dependent Child

Your Insured Dependent Child who is covered under the Policy before reaching the age limit specified in the definition of Eligible Dependent Child, who is incapable of self-sustaining self support by reason of mental or physical incapacity, and who is primarily dependent on You for support and maintenance, may continue to be insured under the Policy beyond that age limit for as long as Your coverage is in force, but only if the Insured Dependent Child remains continuously covered under the Policy. The Company, at its own expense, may request that You submit satisfactory proof of the Insured Dependent Child's incapacity and dependency to the Company before the Insured Dependent Child reaches the age limit specified in the definition of Eligible Dependent Child. If You fail to furnish the requested proof before the Insured Dependent Child reaches the age limit, coverage for the Insured Dependent Child will not be extended past the age limit. If coverage is extended, the Company may request that You submit satisfactory proof of the Insured Dependent Child's continued incapacity and dependency to the Company on an annual basis. If You fail to furnish the requested proof, coverage for the Insured Dependent Child will terminate at the end of the period for which premiums have been paid.]⁹

[Right to Continue Dependent Coverage

If You have Dependent coverage in effect on the date of the accident that causes Your death and You are survived by Your Insured Spouse [who is under age [70, 75, 80]]⁷, coverage may continue under the Policy for all Insured Dependent(s). Any continuation will be subject to all other Policy terms and conditions.

If on the date of Your death, there is no Insured Spouse, coverage will end for all Insured Dependent(s) at the end of the period for which any premium has been paid for such Insured Dependent(s).

Insured Dependent Coverage will be continued until the earliest of:

- (1) the end of the period for which any premium has been paid;
- (2) the date we receive a request, in writing, that coverage for any/all Insured Dependent(s) be terminated; [or]
- (3) for an Insured Dependent Child, the date that child ceases to meet the definition of an Eligible Dependent [unless eligible under the Continuation Due to Incapacity of an Insured Dependent Child provision. If applicable, the Insured Spouse will need to provide the Company with satisfactory proof as outlined in the Continuation Due to Incapacity of an Insured Dependent Child provision]⁹ [; or
- (4) the date Your Insured Spouse remarries]⁵.

[In the event an Insured Dependent, whose coverage is being extended under this provision suffers a loss for which a benefit is payable under the Policy, the Insured Dependent's benefit will be determined based on the coverage in effect on the date of the accident which caused Your death.]⁵]⁹

[Right to Continue Coverage [Option 2]

If coverage for any Insured Person terminates for any reason except for non-payment of premium or termination of the Policy, that Insured Person may elect to continue coverage [provided he or she has not attained age [70, 75, 80]]⁷. To elect continued coverage, the Insured Person must notify the Company and pay the required premium within 31 days of the date coverage would otherwise terminate.

Coverage continued under this provision is subject to all other provisions and limitations of the Policy. In no event will coverage continue beyond:

1. the date the Policy terminates; [or]
2. the last period for which premium is paid; or
3. the Coverage Termination Date specified in the schedule]⁶,
whichever occurs first.]⁵

PREMIUM

Premiums. The Company provides insurance in return for premium payments. [The premium shown in the Schedule is payable to the Company in the manner described in the Schedule.]¹ The Company may change the required premiums due by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in the Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first premium. An Insured Person's coverage will not be terminated for nonpayment of premium during the Grace Period if all premiums due are paid by the last day of the Grace Period. An Insured Person's coverage will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the Grace Period.

No Grace Period will be provided if the Company receives notice to terminate the Insured Person's coverage under the Policy prior to a premium due date.

BENEFITS

Maximum Amount. As applicable to each Benefit provided by the Policy for each Insured Person, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured Person's class in the Benefit Schedule[, subject to the Reduction Schedule shown in the Limitations section]¹. [However, if the [individual enrollment form, or]² Master Application describes several choices of maximum amounts for that Benefit for the Insured Person's eligible class, the Insured Person's maximum amount for that Benefit is the amount You select on Your written enrollment form[, subject to the Reduction Schedule shown in the Limitations section]¹.]³ [Any change in Your selection of a maximum amount becomes effective as described in the Insured's Effective and Termination Dates section.]³ [Any change in the selection of an Insured Dependent's maximum amount becomes effective as described in the Insured Dependent's Effective and Termination Dates section.]⁴

[Benefit Escalator. The Maximum Amount shown in the Benefit Schedule [for all benefits]⁵ [for the benefits listed below]⁶ for each Insured Person who remains continuously covered under this Policy will be increased every [3, 6, 12] Policy Months for [12, 18, 24, 30, 36, 60, 120] Policy Months from the Insured Person's coverage effective date by a dollar amount equal to the Escalator Percentage of the Maximum Amount that was in force on this Policy Effective Date. The increase will be simple, not compound, increase. [The increased Maximum Amount is subject to the Reduction Schedule provision as shown in the Limitations section.]⁷ Policy Months are measured from the month and day of the Insured Person's coverage effective date.

<i>Benefit</i>	<i>Escalator Percentage</i>
[All Benefits] ⁵	[5, 10, 15, 20, 25]%
Accidental Death	[5, 10, 15, 20, 25]%
Accidental Dismemberment	[5, 10, 15, 20, 25]%
Accident Medical Expense	[5, 10, 15, 20, 25]%
Day Care	[5, 10, 15, 20, 25]%
Dislocations and Fractures	[5, 10, 15, 20, 25]%
Emergency Transportation	[5, 10, 15, 20, 25]%
Emergency Treatment	[5, 10, 15, 20, 25]%
Family Leave	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Single Payment	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Single Payment	[5, 10, 15, 20, 25]%
Intensive Care Unit	[5, 10, 15, 20, 25]%
Physician Office Visits Indemnity	[5, 10, 15, 20, 25]%
Recuperation Accident Single Payment	[5, 10, 15, 20, 25]%
Recuperation Sickness Single Payment	[5, 10, 15, 20, 25]%
Total Temporary Disability Accident	[5, 10, 15, 20, 25]%
Total Temporary Disability Sickness	[5, 10, 15, 20, 25]%
Tuition	[5, 10, 15, 20, 25]%
[Additional Rider	[5, 10, 15, 20, 25]%] ^{8,9}

[Accidental Death Benefit

If Injury to an Insured Person results in death[within [90,120,180, 365] days of the date of the accident that caused the Injury]¹⁰, the Company will pay 100% of the Accidental Death Maximum Amount shown in the Benefit Schedule.

Exposure and Disappearance

If by reason of an accident occurring while an Insured Person's coverage is in force under the Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If the body of an Insured Person has not been found within [6 months; 1 year] of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured Person has suffered accidental death within the meaning of the Policy.]⁹

[Accidental Dismemberment Benefit

If Injury to the Insured Person results[, within [90,120,180, 365] days of the date of the accident that caused the Injury,]¹⁰ in any one of the Losses specified below, the Company will pay the percentage shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

<u>For Loss of</u>	<u>Percentage of Maximum Amount</u>
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
[Speech and Hearing in Both Ears	100%] ³
One Hand or One Foot	50%
The Sight of One Eye	50%
[Speech or Hearing in Both Ears	50%] ³
[Hearing in One Ear.....	25%] ³
[Thumb and Index Finger of Same Hand.....	25%] ³

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. [“Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak.]³ [“Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.]³

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.]⁹

[In-Hospital Indemnity Daily Benefit

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [for each day] [after 1,2,3,4,5,6,7,8,14] day(s) of Medically Necessary Day(s) of Confinement due to that Injury[, retroactive to the first Day of Confinement]¹¹. No benefit is provided for [the first[2,3,4,5,6,7,8,14]¹² Day(s) of Confinement or for]¹³ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Daily Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. is the benefit is payable [monthly/weekly]¹⁴ up to the Maximum Number of Days shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one In-Hospital Indemnity Daily Benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Period of Confinement, as used in this Benefit - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.]⁹

[In-Hospital Indemnity Sickness Daily Benefit

If[, after an Insured Person has been covered under the Policy for at least [30,90,180,270,365] consecutive days and that]¹⁵ [an]¹⁶ Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit after [1,2,3,4,5,6,7,8,14] consecutive day(s) of Medically Necessary Day(s) of Confinement due to that Sickness[, retroactive to the [first] Day of Confinement]¹⁷. No benefit is provided for [the first[2,3,4,5,6,7,8,14]]¹⁸ Day(s) of Confinement or for]¹⁹ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Daily Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness. The benefit is payable [monthly/weekly]¹⁴ up to the Maximum Number of Days shown for the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one In-Hospital Indemnity Sickness Daily Benefit is provided for any one Day of Confinement, regardless of the number of Sicknesses for which the confinement is required. The Maximum Number of In-Hospital Indemnity Sickness Daily Benefits Payable during the lifetime of the Insured Person is shown in the Benefit schedule.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]²⁰

[Termination. Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].]²¹

Period of Confinement, as used in this Benefit - means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.

If the same Insured Person is again confined due to the same Sickness or a new Sickness and such successive confinement is separated from the admission date for the first confinement by at least [60,90,120] days and the Insured Person has not been paid the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit for previous Medically Necessary Days of Confinement, benefits will continue to be payable under this benefit for the same Sickness or a new Sickness in accordance with the requirements specified above until the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule have been paid for that Insured Person. Once this Maximum Number of Days has been reached, no benefits are payable for any additional confinements due to Sickness for the lifetime of the Insured Person.

Exclusions. In addition to the Exclusions in the Exclusions section of this Certificate, and any amendment thereto, In-Hospital Indemnity Sickness Daily benefits are not payable for Hospital confinement due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁹

[In-Hospital Indemnity Single Payment Benefit

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [15,30,60,90] consecutive day(s) of]²² [as shown in the Benefit Schedule for]²³ Medically Necessary Day(s) of Confinement due to that Injury. No benefit is provided if the Insured Person is confined for less than [15,30,60,90] consecutive Medically Necessary Days of Confinement. The amount of the benefit

is equal to 100% of the In-Hospital Indemnity Single Payment Maximum Amount shown in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one In-Hospital Indemnity Single Payment Benefit is provided for any one accident per Insured Person regardless of the number of Injuries for which the confinement is required or the number of times the Insured Person must be confined due to Injuries resulting from the same accident. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one In-Hospital Indemnity Single Payment Maximum Amount will be paid.]²³ The Maximum Number of In-Hospital Indemnity Single Payment Benefits Payable during the lifetime of the Insured Person is shown in the Benefit Schedule.]⁹

[In-Hospital Indemnity Sickness Single Payment Benefit

If[, after an Insured Person has been covered under the Policy for at least [30,90,180,270,365] consecutive days and that]¹⁵ [an]¹⁶ Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [15, 30, 60, 90] consecutive day(s) of]²⁴ [as shown in the Benefit Schedule for]²⁵ Medically Necessary Day(s) of Confinement due to that Sickness. No benefit is provided if the Insured Person is confined for less than [15, 30, 60, 90] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Single Payment Maximum Amount shown in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one In-Hospital Indemnity Sickness Single Payment Maximum Amount will be paid.]²⁵ The Maximum Number of In-Hospital Indemnity Sickness Single Payment Benefits Payable during the lifetime of the Insured Person is shown in the Benefit Schedule.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]²⁰

[Termination. Coverage under this Benefit does not apply to Sicknesses which occur after the Insured Person's attained age [65, 70, 75, 80].]²¹

Exclusions. In addition to the Exclusions in the Exclusions section of this Certificate, and any amendment thereto, In-Hospital Indemnity Sickness Single Payment benefits are not payable for Hospital confinement due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁹

[Physician's Office Visits Indemnity Benefit

If [, after an Insured Person has been covered under the Policy for at least [30,90,180,270,365]²⁶ consecutive days,]²⁷ the Insured Person visits a Physician's office for treatment [of: [Routine Well Care]²⁸[or] [an Injury]²⁹ [or] [a Sickness]³⁰⁻³¹] while the Insured Person's coverage under this Benefit is in force, the Company will pay a benefit equal to the Benefit Amount Per Visit shown in the Benefit Schedule, subject to the Maximum [and Combined Maximum]³² Number of Visits and the Maximum [and Combined Maximum]³³ Benefit Amount shown in the Benefit Schedule. [No benefit is payable if an Insured Person does not incur a Physician's office visit fee.]³⁴ [The Lifetime Maximum Number of Visits is shown in the Benefit Schedule.]³⁵ [The Lifetime Maximum Benefit Amount is shown in the Benefit Schedule.]³⁶

[Termination Date. Coverage under this Benefit ends on [the earlier of:] [(1)] the date the [Lifetime Maximum Number of Visits [or]the Lifetime Maximum Benefit Amount]³⁷ shown in the Benefit Schedule is met;]³⁸ [or] [(2)] [(1-5)]³⁹ years]⁴⁰ [(12-60)]³⁹ months]⁴⁰ from the Insured Person's effective date of coverage under this Benefit.]^{41,42}

Definitions

[Routine Well Care – means a physical examination or appropriate immunization. Service must be under the supervision of or recommended by a Physician.]⁴³

[Sickness – means an illness or disease which is diagnosed or treated by a Physician after the effective date of coverage under the Policy.]⁴⁴

[Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁴⁵⁻⁹

[LIMITATIONS]¹

[Limitation on Multiple Covered Activities. If an Insured Person's Injury occurs while participating in more than one Covered Activity for which the same Benefit applies, then the Maximum Amount for that Benefit will be determined as though the Injury occurred while the Insured Person was participating in the Covered Activity with the largest Maximum Amount for that Benefit.]⁴

[Limitation on Benefit Payments. The Maximum Amount payable under this Certificate may be reduced if more than one Insured Person insured under this Certificate suffers a loss as the result of the same accident, and if amounts are payable under one or more of the following Benefits provided by the Policy: [Accidental Death Benefit, Accidental Dismemberment Benefit, Accident Medical Expense Benefit, Day Care Benefit, Dislocations and Fractures Benefit, Emergency [Transportation] [and] [Treatment] Benefit, Family Leave Benefit, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Single Payment Benefit, In-Hospital Indemnity Sickness Daily Benefit, In-Hospital Indemnity Sickness Single Payment Benefit, Intensive Care Unit Benefit, Physician's Office Visits Indemnity Benefit, Recuperation Accident Single Payment Benefit, Recuperation Sickness Single Payment Benefit, Temporary Total Disability Accident Benefit, Temporary Total Disability Sickness Benefit, Tuition Benefit.]³ The Maximum Amount payable for all such losses for all Insured Persons insured under this Certificate under all those Benefits combined will not exceed the amount shown as the Per Accident Maximum Amount in the Benefit Schedule. If the combined Maximum Amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Maximum Amount otherwise payable for each Insured Person or all such losses under all those Benefits combined.]⁴

[Reduction Schedule. An Insured Person who [is age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 8} [with respect to Sickness, is age [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury, is age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 9} or older on the date of the accident [or Sickness] causing the loss will receive [50%]¹⁰ of the Maximum Amount for that benefit as shown in the Benefit Schedule. [An Insured Person age 75 or older on the date of the accident [or Sickness]² causing the loss will receive [25%]¹⁰ of the Maximum Amount for that benefit as shown in the Benefit Schedule.]¹¹

The Maximum Amount as referenced above is the Maximum Amount listed for an Insured Person who is under age [65, 70, 75]⁵ on the date of the accident [or Sickness]² causing the loss.

Premium for an Insured Person [age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 8}, [with respect to Sickness age [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 9} or older is based on 100% of the coverage that would be in effect if the Insured Person were under [age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 8}, [with respect to Sickness [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury [65, 70, 75]⁵ [65 – 74]⁶]^{7, 9}.]⁴

EXCLUSIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury¹.

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury [or autoeroticism]¹.
2. sickness[, or] disease[, mental incapacity or bodily infirmity]¹ whether the loss results directly or indirectly from [any]¹ [either]¹ of these.
3. the Insured Person's commission of or attempt to commit a [felony]¹ [crime]¹.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition [including but not limited to diabetes]¹.
5. declared or undeclared war, or any act of declared or undeclared war[, except if specifically provided by the Policy]¹.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft, unless specifically provided for under the Policy; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer[, unless specifically provided for under the Policy]¹.
8. the Insured Person being under the influence of intoxicants[, while operating any vehicle or means of transportation or conveyance]¹.
9. the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician.
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity [whether the loss results directly or indirectly from the treatment]¹.
11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
12. the Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
- [13. any loss incurred while outside the United States, its Territories or Canada.]¹

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the Insured Person to the Company at [American International Companies[®], Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701]¹, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include Your name, the Insured Person's name, if different, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the applicable Beneficiary Designation and Change provision.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured [Person suffering the loss]². If an Insured [Person]² dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the applicable Beneficiary Designation and Change provision.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Assignment. You may not assign any of Your rights, privileges or benefits under the Policy.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Conformity With State Statutes. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Entire Contract; Changes. The Policy, the Application(s), this Certificate, any individual Enrollment Forms, riders, endorsements and any other attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in the Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

Incontestability. After an Insured Person has been insured under the Policy for two year(s) during his lifetime, no statement made by You [or an Insured Dependent, if applicable]¹, except a fraudulent one, will be used to contest a claim under the Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by You [or the Insured Dependent]¹ and a copy is given to the Policyholder, You, or the beneficiary.

Insured Beneficiary Designation and Change. Your designated beneficiary(ies) is (are) the person(s) so named by You as shown on the [Company's]²[Policyholder's]² records kept on the Policy.

If You are an Insured over the age of majority and legally competent, You may change Your beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the [Company]²[Policyholder]², with a written request for change. When the request is received by the [Company]²[Policyholder]², whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after Your death, [the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: Your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is Your estate.]³
[the beneficiary is Your estate.]³

[Insured Dependent's Beneficiary Designation and Change. The Insured Dependent's beneficiary is You unless You have named (a) different beneficiary(ies) for Your Insured Dependent's coverage as shown on the [Company's]²[Policyholder's]² records kept on the Policy. If You are over the age of majority and legally competent, You may change the beneficiary designation for Your Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies), by providing the [Company]²[Policyholder]² with a written request for change. When the request is received by the [Company]²[Policyholder]² whether You or Your Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is Your estate.]¹

Legal Actions. No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

[Other Insurance in this Insurer. Insurance effective at any one time on an Insured Person under the Policy and another policy or policies providing the same type of benefits issued by the Company is limited to the one policy elected by the Insured Person, or the Insured Person's beneficiary or estate, as the case may be, and the Company will return all premiums paid for all other such policies.]⁴

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

MASTER APPLICATION FOR GROUP ACCIDENT [AND SICKNESS]¹ INSURANCE POLICY

Application is hereby made for a plan of accident [and Sickness]¹ insurance based on the following statements and representations:

1. Identification of Policyholder:

[Name of Policyholder: ABC Organization
Address of Policyholder: 123 Main Street, City, State ZIP
Policy Number: 1234567]

[2]. Classification of Eligible Persons:

[Class	Description of Class	Number of Eligible Persons
1	All Accountholders of ABC Organization	TBD
[2	Eligible Spouses of Class I Insureds]	
[3	Eligible Dependent Child(ren) of Class 1 Insureds]]	

[3]. Policy Coverage:

[[A.] Covered Activities:

1. 24 Hour Coverage. [(“24 Hour”)]²
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian. [(“Motor Vehicle”)]²
3. While riding as a fare-paying passenger on a Common Carrier. [(“Common Carrier”)]^{2,3}

[B.] Benefit Schedule:

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[Accidental Death]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
[24 Hour]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
Common Carrier			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 2,000,000]	[\$[1,000 – 2,000,000]	[\$[1,000 – 2,000,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 1,000,000]	[\$[500 – 1,000,000]	[\$[500 – 1,000,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵ ^{8,9}	[\$[250 – 500,000]	[\$[250 – 500,000]	[\$[250 – 500,000]
[Accidental Dismemberment]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
[24 Hour]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
Common Carrier			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 2,000,000]	[\$[1,000 – 2,000,000]	[\$[1,000 – 2,000,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 1,000,000]	[\$[500 – 1,000,000]	[\$[500 – 1,000,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
Maximum Dislocations/Fractures Benefit ⁹	[\$100 – 100,000]	[\$100 – 100,000]	[\$100 -100,000]
[Emergency Transportation]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
[24 Hour			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵ ⁸	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
[Maximum Number of Emergency Transportation Benefits per Insured Person per Calendar Year: [1-5]] ^{10,9}			
[Emergency Treatment]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
[24 Hour			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵ ⁸	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
[If Admitted as an In-Patient			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Ages 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>[Due to a Fracture [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Ages 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>[For [all other] Injuries [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Ages 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>[Maximum Number of Emergency Treatment Benefits per Insured Person per Calendar Year: [1-5]]^{10,9}</p>	<p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p>	<p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p>	<p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p>
<p>[Family Leave] Monthly Maximum Amount</p> <p>[Ages [64, 69, 74] and under]^{4,5} \$[8,333.33]</p> <p>[Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} \$[8,333.33]</p> <p>[Age 75 [and older]⁶ [to termination]⁷]⁵ \$[8,333.33]</p> <p>Maximum Number of Months: [12, 24, 36]]⁹</p>	<p>[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]</p>	<p>[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]</p>	<p>[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount/No Benefit]</p>
<p>[In-Hospital Indemnity Daily]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Ages 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[24 Hour [Ages [64, 69, 74] and under]^{4,5} [[Ages [65, 70, 75]⁴ [65 - 74]⁵ [to</p>	<p>\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]</p> <p>\$[25 – 2, 500]</p>	<p>\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]</p> <p>\$[25 – 2, 500]</p>	<p>\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]</p> <p>\$[25 – 2, 500]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ⁸ Maximum Number of Days: [30, 60, 90, 120, 180, 365] ⁹	\$[25 – 1,250] \$[25 – 625] \$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 1,250] \$[25 – 625] \$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 1,250] \$[25 – 625] \$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]
[In-Hospital Indemnity Sickness Daily] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ Maximum Number of Days: [30, 60, 90, 120, 180, 365] Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one] ⁹	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]
[In-Hospital Indemnity Single Payment] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ⁸ [Medically Necessary Confinement] If Confined for: [15-29] Consecutive Days:	\$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000]	\$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000]	\$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[30-59] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[60-89] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[90+] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]]⁹</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>
<p>[In-Hospital Indemnity Sickness Single]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[Medically Necessary Confinement If Confined for: [15-29] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁴ [to termination]⁷]⁵</p> <p>[30-59] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[60-89] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[90+] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]]⁹</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>
<p>[Intensive Care Unit]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[24 Hour [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>Motor Vehicle [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵]⁸</p> <p>Maximum Lifetime Benefit Period: [30, 60, 90, 120, 180, 365] days]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>
<p>[Physician's Office Visits Indemnity]</p> <p>[Waiting Period: [30,90,180,270,365] consecutive days]¹⁰</p> <p>[Routine Well Care Related Visits Benefit Amount Per Visit: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to</p>	<p>\$[25 - 200]</p>	<p>\$[25 - 200]</p>	<p>\$[25 - 200]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}	\$[25 - 100] \$[25 - 50]	\$[25 - 100] \$[25 - 50]	\$[25 - 100] \$[25 - 50]
[-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [X]] ^{10,13}	[1-8]	[1-8]	[1-8]
[-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5} [Per Family: \$[25 - 1,600]] ^{13,12}	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]
[Injury Related Visits Benefit Amount Per Visit: [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}	\$[25 - 200] \$[25 - 100] \$[25 - 50]	\$[25 - 200] \$[25 - 100] \$[25 - 50]	\$[25 - 200] \$[25 - 100] \$[25 - 50]
[-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [1-8]] ^{10,13}	[1-8]	[1-8]	[1-8]
[-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}] ⁴ [Per Family: \$[25 - 1,600]] ^{13,12}	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]
[Sickness Related Visits Benefit Amount Per Visit: [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to	\$[25 - 200]	\$[25 - 200]	\$[25 - 200]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5} [-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ^{11,10} [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [1-8]] ^{10,13} [-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ^{11,10} [Per [1-12] months] ¹⁰ [Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5} [Per Family: \$[25 – 1,600]] ^{13,12} [Combined Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ^{11,10} [Per [1-12] months] ¹⁰ [Per Family] ¹⁰ : [1-8]] ¹³ [Combined Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ^{11,10} [Per [1-12] months] ¹⁰ [Per Family] ¹⁰ : \$[25 – 1, 600]] ^{10,13} [Lifetime Maximum Number of Visits for all Physician Office Visits [Per Insured Person:] ¹⁰ [Per Family: [1-60]] ^{10,13} [Lifetime Maximum Benefit Amount for all Physician Office Visits [Per Insured Person] ¹⁰ [Per Family: \$[25 – 12,000]] ^{10,13,9}	\$[25 - 100] \$[25 – 50] [1-8] \$[25 – 1,600] \$[25 - 800] \$[25 – 400]	\$[25 - 100] \$[25 – 50] [1-8] \$[25 – 1,600] \$[25 - 800] \$[25 – 400]	\$[25 - 100] \$[25 – 50] [1-8] \$[25 – 1,600] \$[25 – 400] \$[25 - 800]
[Recuperation Accident Single Payment] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5} [24 Hour	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>Motor Vehicle [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵]⁸</p> <p>Maximum Number of Days: [30, 60, 90]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>
<p>[Recuperation Sickness Single Payment]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>Maximum Number of Days: [30, 60, 90]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>
<p>[Temporary Total Disability Accident]</p> <p>Elimination Period: [30,60,90] consecutive days</p> <p>Maximum Number of Months Payable: [1-24]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[24 Hour [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>Motor Vehicle [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p>	<p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p>	<p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p>	<p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
^{8,9}			
Temporary Total Disability Sickness Elimination Period: [30,60,90] consecutive days Maximum Number of Months Payable: [1-24] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5,9}] ⁹	\$[500 – 5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500 – 5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500 – 5,000] \$[250 – 2,500] \$[125 – 1,250]
Tuition [Percentage of Accidental Death Maximum Amount] ¹⁰ [One-time Lump Sum Amount] ¹⁰] ⁹	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]
Additional Rider [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ¹⁴	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

[Per Accident Maximum Amount \$[XXXX]]¹⁵

[[50]% Reduction Schedule: _____ Applies _____ Does not Apply]¹⁶

[C.] Policy Riders and/or Endorsements:

The following Rider(s) and/or Endorsement(s) are attached to and made part of the Policy as of the [Policy Effective Date][Effective Date specified below]. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

[CLASS[(ES)] 1[,2 and 3]

FORM NO.	DESCRIPTION
A30399NUFIC	Policy/Certificate Amendatory Endorsement
A30400NUFIC	Accident Medical Expense Benefit Rider
A30401NUFIC	Day Care Benefit Rider
A30402NUFIC	Dislocations/Fractures Benefit Rider
A30403NUFIC	Emergency [Transportation][and][Treatment] Benefit Rider
A30404NUFIC	Family Leave Benefit Rider [Version 1]
A30405NUFIC	Family Leave Benefit Rider [Version 2]
A30406NUFIC	Intensive Care Unit Benefit Rider
A30407NUFIC	Recuperation Accident Single Payment Benefit Rider
A30408NUFIC	Recuperation Sickness Single Payment Benefit Rider
A30409NUFIC	Temporary Total Disability Accident Benefit Rider
A30410NUFIC	Temporary Total Disability Sickness Benefit Rider
A30411NUFIC	Tuition Benefit Rider]

[4]. Premiums:

[It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

[\$[X.XX] per [month]]

[[Initial] [X] Month[s]: \$[XXX] [per month]
Subsequent Months: \$[XXX] [per month]]]

[5]. **[Policy Effective Date:** [mm/dd/yy]]

[[6]. **[Policy Termination Date:** [mm/dd/yy/N/A]]

[[7] **Coverage Effective Date:**]

[[8] Coverage Termination Date:]

[Right to Continue Incapacitated Dependent Child (where not mandated)

_____ Apply _____ Does not apply]

[Right to Continue Dependents upon death of Insured with an Insured Spouse

_____ Apply _____ Does not apply]

[Right to Continue for any reason

_____ Apply _____ Does not apply]

Signature of Person signing on behalf of Policyholder

Printed Name of Person signing on behalf of Policyholder

Title

Date

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXXX]

[[Policy/Certificate] Amendatory Endorsement]¹ [No. 1]

This [Policy/Certificate] endorsement is attached to and made part of the [Policy/Certificate] effective [Month Day, Year] at 12:01 AM, Standard Time at the address of the Policyholder. It is subject to all of the provisions, limitations and exclusions of the [Policy/Certificate] that are not in conflict with this endorsement [, and is not retroactive]. In the event of a conflict between this endorsement and any other provision of the [Policy/Certificate], this endorsement shall control.

[Amend Name or Address of Policyholder]

It is agreed and understood that the name and address of the Policyholder, wherever referenced, is amended to read as follows:

[ABCD Enterprises
123 Any Street
Anytown, ST 12345]

[Amend Classification of Eligible Persons]

It is agreed and understood that, in consideration of timely payment of the required premium, the Classification of Eligible Persons is amended to read as follows:

Classification of Eligible Persons: [xxxxxxxxxxxxxx]

[Amend Classification of Covered Activities]

It is agreed and understood that, in consideration of timely payment of the required premium, the schedule of Covered Activities is amended to read as follows:

Covered Activities: [xxxxxxxxxxxxxx]

[Amend Benefit Schedule]

It is agreed and understood that, in consideration of timely payment of the required premium, the Benefit Schedule is amended to read as follows:

Benefit Schedule: [xxxxxxxxxxxxxx]

[Amend Riders and/or Endorsements Section of the Master Application]

It is agreed and understood that, in consideration of timely payment of the required premium, the Riders and/or Endorsements section of the Master Application is amended to read as follows:

Riders and/or Endorsements: [xxxxxxxxxxxxxx]

[Amend Premium]

It is agreed and understood that, in consideration of timely payment of the required premium, the Premium schedule is amended to read as follows:

Premium: [xxxxxxxxxxxxxx]

Any changes in premium apply as of the first premium due date on or after the effective date of this Endorsement.

Amend Policy Effective Date

It is agreed and understood that, in consideration of timely payment of the required premium, the Policy Effective Date is amended to read as follows:

Policy Effective Date: [xxxxxxxxxxxxxx]

Amend Policy Termination Date

It is agreed and understood that, in consideration of timely payment of the required premium, the Policy Termination Date is amended to read as follows:

Policy Termination Date: [xxxxxxxxxxxxxx]

Amend Coverage Effective Date

It is agreed and understood that, in consideration of timely payment of the required premium, the Coverage Effective Date is amended to read as follows:

Coverage Effective Date: [xxxxxxxxxxxxxx]

Amend Coverage Termination Date

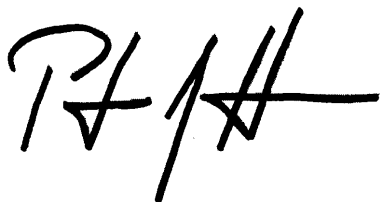
It is agreed and understood that, in consideration of timely payment of the required premium, the Coverage Termination Date is amended to read as follows:

Coverage Termination Date: [xxxxxxxxxxxxxx]

Amend forms to comply with insurance laws

It is agreed and understood that the [insert language change here] as follows:

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature in black ink, consisting of a large 'P' followed by a series of loops and a horizontal stroke.

President

A handwritten signature in black ink, appearing to start with a 'D' and followed by several loops and a horizontal stroke.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]

Policy Number: [XXXXXXX]

Accident Medical Expense Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

If an Insured Person suffers an Injury that, within [12,24,48,72] hours of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Accident Medical Expense Maximum Amount shown in the Benefit Schedule per Insured Person for all Injuries caused by the same accident. This benefit is payable only for such charges incurred[after the Deductible has been met and]⁶ within [26, 52] weeks after the date of the accident causing that Injury.

Covered Accident Medical Service(s) - as used in this Rider, means any of the following services:

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. physical therapy and occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances; or
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Ambulatory Medical Center - as used in this Rider, means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

[Deductible] - as used in this Rider, means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services that must be incurred by the Insured Person [in a [Policy/Certificate] Term]¹[due to Injuries resulting from an accident]¹ before Accident Medical Expense benefits become payable [during that Policy/Certificate Term]¹[due to Injuries resulting from that accident]¹. The amount of the Deductible is the Deductible Amount shown in the Benefit Schedule under the Accident Medical Expense Benefit. Accident Medical Expense benefits are not payable for charges applied to the Deductible.]⁶

Durable Medical Equipment - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary - as used in this Rider, means that a Covered Accident Medical Service is: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - as used in this Rider, means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Limitation Due to Multiple Insurance Coverage. Coverage under this Accident Medical Expense Benefit shall be in excess of all other valid and collectible insurance. If, at the time of occurrence of any loss payable under this Benefit, there is other valid and collectible insurance in place, the Company shall be liable only for the excess amount of the loss over the amount of such other insurance and after satisfaction of the Accident Medical Expense Deductible that applies to this Accident Medical Expense Benefit.

Covered Accident Medical Expense Benefits incurred and paid by the Insured Person as out-of-pocket expenses for each accident that caused the Injury, may be used to satisfy any Accident Medical Expense Deductible which applies under this Accident Medical Expense Benefit.⁶

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy/Certificate, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury [after the Dental Deductible has been met]² [and]³ [up to the Dental Maximum Amount shown in the Benefit Schedule]³]⁴.

3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight.
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).
6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
7. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

[Subrogation And Right Of Recovery. If We make any payment under this Rider, then to the extent of that payment, We may exercise any rights of recovery held by an Insured Person. The Insured Person must not do anything which reduces any such rights and must provide reasonable assistance to Us in pursuing any such rights.]⁵

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature in black ink, consisting of a large 'P' followed by a series of loops and a horizontal stroke.

President

A handwritten signature in black ink, appearing to start with a 'D' followed by several loops and a horizontal stroke.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXXX]

Day Care Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

If an Insured [or Insured Spouse]¹ suffers accidental death such that an Accidental Death Benefit is payable under the Policy, the Company will pay a benefit on behalf of each Child of the Insured [or Insured Spouse]¹ on the date of the accident causing the Insured's [or Insured Spouse's]¹ death and on the date of the Insured's [or Insured Spouse's]¹ death who: (1) is enrolled in a Day Care Center on the date of the Insured's [or Insured Spouse's]¹ death; or (2) enrolls in a Day Care Center within [60,90,180,365] days after the date of the Insured's [or Insured Spouse's]¹ death. The benefit is payable for each year of the Child's enrollment in a Day Care Center. The total amount of the benefit each year is equal to the lesser of:

1. the actual cost of care for that Child charged by that Day Care Center for that year; or
2. [the Percentage shown in the Benefit Schedule of the Insured's [or Insured Spouse's]¹ Accidental Death Maximum Amount on the date of the accident causing death]²
[the Day Care Maximum Amount shown in the Benefit Schedule]².

The applicable portion of the yearly benefit for each period of enrollment is payable as follows:

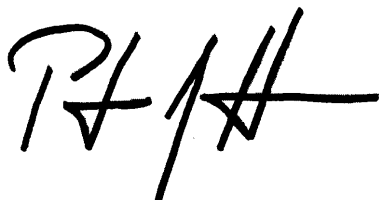
1. to the Day Care Center, upon receipt of a bill for that period of enrollment; or
2. to the Child, upon receipt of proof of payment for that period of enrollment, but not more frequently than monthly.

The benefit is not payable for any period of enrollment in a Day Care Center before the date of the accident that caused the Insured's [or Insured Spouse's]¹ death. The benefit is not payable for any period of enrollment after the earlier of: (1) the date the Child reaches 13 years of age; or (2) the date [four (4), six (6)]³ years after the later of the date of the Insured's [or Insured Spouse's]¹ death or the date the Child first enrolls in a Day Care Center. [If there is no Child eligible for the benefit within 365 days after the date of the Insured's [or Insured Spouse's]¹ death, the Company will pay a one-time lump sum benefit as shown in the Benefit Schedule to the Insured's [or Insured Spouse's]¹ designated beneficiary.]⁴

Child - as used in this Rider, means the Insured's [or Insured Spouse's]¹ unmarried child, including a natural, step, foster or adopted child from the moment of placement in the Insured's [or Insured Spouse's]¹ home, under age 13 and primarily dependent on the Insured [or Insured Spouse]¹ for support and maintenance.

Day Care Center - as used in this Rider, means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXXX]

Dislocations/Fractures Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

Dislocations Benefit: If an Insured Person suffers an Injury that results in one of the Dislocations specified below within [90,120,180,365] days of the date of the accident that caused the Injury and that Dislocation requires Reduction under anesthesia, the Company will pay the Maximum Amount shown below for that Dislocation.

Only one Dislocation benefit is payable for each Dislocation during an Insured Person's lifetime.

Fractures Benefit: If an Insured Person suffers an Injury that results in one of the Fractures specified below within [90,120,180,365] days of the date of the accident that caused the Injury, the Company will pay the Maximum Amount shown below for that Fracture.

Only one Fracture benefit is payable for each Fracture during the Insured Person's lifetime.

<u>Dislocation</u>	<u>Maximum Amount</u>
[Hip; Knee; Wrist; Elbow; Ankle; Shoulder blade; Collarbone; Cervical Vertebrae (neck) or Jaw	[\$25-10,000] ¹⁻²
<u>Fracture</u>	
[Pelvis (excluding Coccyx and sacrum)	[\$25-10,000] ¹⁻²
[Skull (excluding nose, lower jaw and teeth)	[\$25-10,000] ¹⁻²
[Thigh (excluding kneecap)	[\$25-10,000] ¹⁻²
[Upper Arm.....	[\$25-10,000] ¹⁻²
[Ankle.....	[\$25-10,000] ¹⁻²
[Lower Leg (excluding kneecap).....	[\$25-10,000] ¹⁻²
[Heel	[\$25-10,000] ¹⁻²
[Shoulder Blade.....	[\$25-10,000] ¹⁻²
[Lower Jaw.....	[\$25-10,000] ¹⁻²
[Collarbone.....	[\$25-10,000] ¹⁻²
[Forearm (excluding wrist)	[\$25-10,000] ¹⁻²
[Wrist.....	[\$25-10,000] ¹⁻²
[Vertebrae (each) – vertebral arch (excluding Coccyx and Cervical Vertebrae)	[\$25-10,000] ¹⁻²
[Cervical Vertebrae (neck).....	[\$25-10,000] ¹⁻²
[Sternum (breastbone)	[\$25-10,000] ¹⁻²
[Kneecap.....	[\$25-10,000] ¹⁻²
[Cheekbone.....	[\$25-10,000] ¹⁻²
[Hand (excluding fingers, thumb, and/or wrist).....	[\$25-10,000] ¹⁻²
[Foot (excluding toes, heel, and/or ankle).....	[\$25-10,000] ¹⁻²

Maximum Dislocations/Fractures Benefit. The Maximum Dislocations/Fractures Benefit payable for any one accident is shown on the Benefit Schedule, regardless of the number of Injuries caused by that accident.

Termination Date. Coverage under this Benefit ends on the date the Insured Person attains age [65, 70].

Definitions

Coccyx, as used in this Rider, means four fused vertebrae at the bottom of the spine.

Dislocation, as used in this Rider, means that one or more bones are out of place, out of joint, or out of position.

Fracture, as used in this Rider, means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.

Hairline Fracture, as used in this Rider, means a break that appears as a narrow crack along the surface of the bone.

Osteoporosis, as used in this Rider, means the thinning of bone with reduction in bone mass due to depletion of calcium and bone protein.

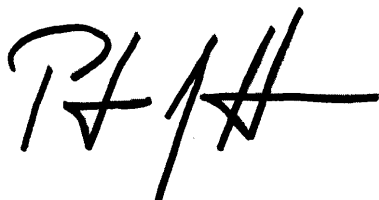
Pathological Fracture, as used in this Rider, means any Fracture in an area where pre-existing disease has caused weakening of the bone.

Reduction, as used in this Rider, means restoration to a normal position, of a Dislocated bone or joint.

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy/Certificate, and any amendment thereto, the Dislocations and the Fractures benefits are not payable for:

1. an Injury resulting in a Dislocation or Fracture if Osteoporosis or Pathological Fracture was diagnosed prior to the Insured Person's Effective Date of Coverage.
2. Hairline Fractures.
3. Ribs.
4. [any loss resulting in whole or in part from, or contributed by, or as a natural, probable consequence of the Insured Person's participation in any team sport or any other athletic activity except participation in a Covered Activity.]²

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]

Policy Number: [XXXXXXX]

Emergency [Transportation]¹ [and]¹ [Treatment]¹ Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

[[Emergency Transportation Benefit.]² If an Insured Person suffers an Injury that requires Emergency Treatment within [12, 24, 48, 72] hours of the date of the accident that caused the Injury and it is determined that it is Medically Necessary that such Insured Person be transported to a Hospital or a Satellite Emergency Center by Ambulance, the Company will pay 100% of the Emergency Transportation Maximum Amount shown in the Benefit Schedule. Only one Emergency Transportation Benefit is payable for any one accident per Insured Person. [The Maximum Number of Emergency Transportation Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.]³]¹

[[Emergency Treatment Benefit.]² If an Insured Person suffers an Injury that, within [12, 24, 48, 72] hours of the date of the accident that caused the Injury, requires him or her to receive Medically Necessary Emergency Treatment in a Hospital emergency room or a Satellite Emergency Center, the Company will pay 100% of the [applicable]⁴ Emergency Treatment Maximum Amount shown in the Benefit Schedule. Only one Emergency Treatment Benefit[, the largest,]⁴ is payable for any one accident per Insured Person. [The Maximum Number of Emergency Treatment Benefits payable per calendar year per Insured Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.]³]¹

[A maximum of [1-5] Emergency Transportation Benefits or Emergency Treatment Benefits are payable per Insured Person per calendar year regardless of the number of accidents incurred in that same calendar year.]³

Definitions

[Ambulance – as used in this Rider, means any publicly or privately owned surface, water or air vehicle, including a helicopter, that is specifically designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded. Ambulance does not include a surface, water or air vehicle that is owned and operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport.]⁵

Emergency Treatment – as used in this Rider, means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the person (or with respect to a pregnant woman, the health of her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

[Fracture] – as used in this Rider means, a) the act or process of breaking or the state of being broken; b) the breaking of hard tissue (as bone); or c) the rupture (as by tearing) of soft tissue.]⁴

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

[Inpatient] - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.]⁴

Medically Necessary – as used in this Rider, means an Emergency [Treatment]¹ [or]¹ [Transportation]¹ is: (1) essential for the diagnosis, treatment and care of the Injury; (2) meets generally accepted standards of medical practice; [or] (3) is ordered by a Physician and performed under the Physician's care, supervision or order; or (4) with regard to Emergency Transportation, is subsequently authorized by a Physician as appropriate due to the nature of the Injury]⁵.

Satellite Emergency Center - as used in this Rider, means a licensed facility providing outpatient care under the direction of a Physician on a 24 hour basis. Available services must include: (1) diagnostic care, including laboratory services and diagnostic x-rays; and (2) treatment or medical care, including availability of the means for stabilization of emergency medical conditions. A Satellite Emergency Center does not include a Hospital or an office maintained by a Physician for the practice of medicine or dentistry.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature in black ink, consisting of a large 'P' followed by a series of loops and a final horizontal stroke.

President

A handwritten signature in black ink, starting with a large 'D' and followed by several loops and a final horizontal stroke.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXXX]

Family Leave Benefit Rider [Version 1]

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

[(Not applicable to Insured [Persons]¹ age [70, 75, 80] or older on the date of the accident)]²

If:

- (1) an Insured [Person]¹ is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury; and
- (2) an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [Person]¹ within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the Insured [Person]¹ to be Disabled,

the Company will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Immediate Family Member ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of:

- (1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or
- (2) The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage reflected in the Benefit Schedule.

The benefit is payable monthly as long as the Insured [Person]¹ remains continuously Disabled due to that Injury, but ceases on the earliest of:

- (1) the date the Disabled person ceases to be Disabled due to that Injury;
- (2) the date the Disabled person or the Caregiver dies;
- (3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason;
- (4) the date the Caregiver returns to Full-Time Employment; or
- (5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured [Person]¹ is Disabled for less than a full month. Only one Family Leave Benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one Family Leave Benefit is payable under the Policy/Certificate for any Disability due to the same accident, regardless of [the number of people Disabled,]¹ the number of times an Insured [Person]¹ is Disabled, or the number of people who resign or take a leave of absence to provide Continuous Care.

The Company reserves the right to request proof of Full-time Employment and proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. The Company also

reserves the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at the expense of the Company as often as may be reasonably required.

Definitions:

Annual Earnings – as used in this Rider, means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver – as used in this Rider, means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care – as used in this Rider, means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

Disabled/Disability - as used in this Rider, means that as the result of an Injury, the Insured [Person]¹:

- (1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.]³ [[However, w]⁴[W]ith respect to an Insured [Person]¹ for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the Insured [Person]¹ [over age [15]⁵]⁶ is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;]⁷ [or, in the case of a child under age [15]⁵, is unable to attend school on a full-time or part-time basis;]⁸ [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured [Person]¹ immediately prior to the accident]⁶;
- (2) requires the Continuous Care of the Caregiver; and
- (3) requires the supervision of a Physician unless the Insured [Person]¹ has reached his or her maximum point of recovery.

Full-Time Employment – as used in this Rider, means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member – as used in this Rider, means the Insured [Person]'s¹ spouse, mother, father, mother in-law, father in-law, step-parent, grandparent, sibling, sibling in-law or child. With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXXX]

Family Leave Benefit Rider [Version 2]

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

[(Not applicable to an Insured [or] Insured Spouse]¹ age [70, 75, 80] or older on the date of the accident)]²

If an [[Insured] [or,] [Insured Spouse] [or an] [Immediate Family Member]]³ is Disabled due to an Injury within [30, 60, 90, 120] days of the date of the accident which caused the Injury, and [

- (1) [[an Insured [or Insured Spouse]]¹ takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Immediate Family Member]⁴; or [[
- (2) [[an Immediate Family Member takes an unpaid leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care for the Disabled Insured [or Insured Spouse]]¹]⁵

within [30, 60, 90, 120, 180, 365] days of the date of the accident which caused the [[Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]]³ to be Disabled, the Company will pay a monthly benefit beginning [30, 60, 90, 120, 180] days from the date the Caregiver ceased receiving wages due to resignation or unpaid leave of absence to provide Continuous Care to the Disabled person.

The amount of the Family Leave Monthly Benefit will be the lesser of:

- (1) The Family Leave Monthly Maximum Amount specified in the Benefit Schedule; or
- (2) [The result of multiplying 1/12th of the Annual Earnings of the Caregiver by the Benefit Percentage applicable to the Disabled Insured [or Insured Spouse]¹ reflected in the Family Leave Benefit in the Benefit Schedule]⁵ [If the Caregiver is the Insured, the benefit percentage will be determined as specified under 3 below]¹; or [
- (3) The result of multiplying 1/12th of the Annual Earnings by the benefit percentage applicable to the Caregiver. The benefit percentage is reflected under the Family Leave Benefit in the Benefit Schedule]⁴.

The benefit is payable monthly as long as the [[Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]]³ remains continuously Disabled due to that Injury, but ceases on the earliest of:

- (1) the date the Disabled person ceases to be Disabled due to that Injury;
- (2) the date the Disabled person or the Caregiver dies;
- (3) the date the Caregiver ceases to spend [20,30,40] hours per week to provide Continuous Care to the Disabled person for any reason;
- (4) the date the Caregiver returns to Full-Time Employment; or
- (5) the date the benefit has been paid for the Maximum Number of Months specified for the Family Leave Benefit shown in the Benefit Schedule.

The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the [[Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]]³ is Disabled for less than a full month. Only one Family Leave Benefit is provided for any one month of Disability, regardless of the number of Injuries causing the Disability. Only one Family Leave Benefit is payable under the Policy/Certificate for any Disability due to the same accident, regardless of the [number of people

Disabled,]⁶ the number of times an [[Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]]³ is Disabled[, or the number of people who resign or take a leave of absence to provide Continuous Care]⁷.

The Company reserves the right to request proof of Full-time Employment and proof of voluntary termination or leave of absence from Full-Time Employment without pay prior to payment of benefits. The Company also reserves the right to request proof of Disability or continuing Disability, on the basis of all facts and circumstances, including, but not limited to, requiring an independent medical examination at the expense of the Company as often as may be reasonably required.

Definitions:

Annual Earnings – as used in this Rider, means base annual salary for the 12 months of employment with the same employer immediately preceding resignation or leave of absence to provide Continuous Care for the Disabled person, exclusive of overtime, bonuses, tips, commissions and special compensation.

Caregiver – as used in this Rider, means the person who resigns or takes an unpaid leave of absence to provide Continuous Care.

Continuous Care – as used in this Rider, means activities related to the physical life, health and safety of the Disabled person which may include, but are not limited to: assisting with (1) bathing; (2) dressing; (3) toileting; (4) transferring (moving in and out of bed, chair or wheelchair); (5) eating; (6) preparation of meals and (7) transportation to and from doctor appointments.

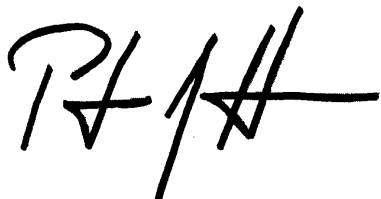
Disabled/Disability - as used in this Rider, means that as the result of an Injury, the [[Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]]³:

- (1) [is unable to perform the material and substantial duties of any occupation for which he or she is qualified for by reason of education, experience or training.]⁸ [[However, w]⁹ [W]ith respect to an [[Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]]³ for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means the [[Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]]³ is unable to perform the material and substantial duties of any occupation for which he or she could become qualified for by reason of education, experience or training;]¹⁰ [or, in the case of a child under age [15]¹¹, is unable to attend school on a full-time or part-time basis;]¹² [[or] is unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the [[Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]]³ immediately prior to the accident]¹³;
- (2) requires the Continuous Care of the Caregiver; and
- (3) requires the supervision of a Physician unless the [[Insured] [or,] [Insured Spouse] [or] [Immediate Family Member]]³ has reached his or her maximum point of recovery.

Full-Time Employment – as used in this Rider, means actively working, for wage or profit, for one employer for at least [20,25,30,35,40] hours per week for at least 12 consecutive months prior to the date of the accidental Injury that caused the Disability.

Immediate Family Member – as used in this Rider, means spouse, mother, father, mother in-law, father in-law, grandparent, sibling, sibling in-law or child. [With regard to an Immediate Family Member who takes a leave of absence or resigns from his or her Full-Time Employment to provide Continuous Care, the Immediate Family Member must be at least 18 years of age.]⁵

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXXX]

Intensive Care Unit Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive.]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

[For Intensive Care Unit confinement benefits due to Sickness, an Insured Person must be covered under the Policy for at least [30,90,180,270,365] consecutive days before benefits become payable.]¹

If an Insured Person is confined in an Intensive Care Unit due to an Injury within [12, 24, 48, 72] hours of the date of the accident that caused the Injury, [or is confined in an Intensive Care Unit due to a Sickness,]² the Company will pay a benefit after [1, 2, 3] consecutive day(s) of Medically Necessary Days of Confinement. The Company will pay a benefit equal to the Intensive Care Unit Benefit shown in the Benefit Schedule for each day an Insured Person is confined in and charged for an Intensive Care Unit beginning with the first day the Insured Person is confined in and charged for an Intensive Care Unit. The Intensive Care Unit Benefit is payable for up to the Intensive Care Unit Maximum Lifetime Benefit Period, shown in the Benefit Schedule, for each Intensive Care Unit Period of Confinement. Only one daily Intensive Care Unit Benefit is provided for any one day of Intensive Care Unit confinement, regardless of the number of Injuries [or Sicknesses]² for which the confinement is required.

[Pre-Existing Condition Limitation

Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]¹

Day(s) of Confinement – as used in this Rider, means a day of Hospital confinement as an Inpatient.

Hospital – as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

Inpatient – as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Intensive Care Unit (ICU) - as used in this Rider, means a place which:

- (1) is a specifically designated area of the Hospital called an ICU that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- (2) is separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement;
- (3) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- (4) is under constant and continuous observation by a specifically trained nursing staff assigned exclusively to the ICU on a twenty four hour basis; and
- (5) has a doctor assigned to the ICU on a full-time basis

An ICU is not any of the following step down units:

- (1) a progressive care unit;
- (2) a sub-acute intensive care unit;
- (3) an intermediate care unit;
- (4) a private monitored room;
- (5) a surgical recovery room;
- (6) an observation unit; or
- (7) any facility not meeting the definition of an ICU as defined in the Policy.

Medically Necessary – as used in this Rider, means that confinement as an In-patient in a Hospital is: (1) essential for the diagnosis, treatment and care of the Injury [or Sickness]²; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement – as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident [or same Sicknesses]². However, successive confinements as an Inpatient for all Injuries caused by the same accident [or same Sicknesses]² are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.

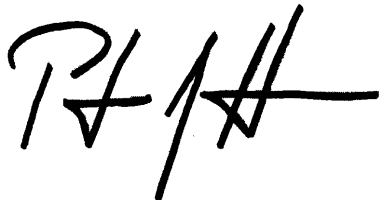
If the successive confinement is considered to be a new Period of Confinement and the Insured Person has not been paid up to the Intensive Care Unit Maximum Lifetime Benefit Period shown in the Benefit Schedule, the elimination period under this benefit must be satisfied again. Benefits will continue to be payable under this benefit in accordance with the requirements specified above until the Intensive Care Unit Maximum Lifetime Benefit Period shown in the Benefit Schedule has been paid for that Insured Person. Once this Intensive Care Unit Maximum Lifetime Benefit Period has been reached, no benefits are payable for any additional confinements for the lifetime of the Insured Person.

[**Sickness** – as used in this Rider, means an illness or disease which is diagnosed or treated by a Physician.]²

[**Exclusions.** In addition to the Exclusions in the Exclusions section of the Policy/Certificate, and any amendment thereto, Intensive Care Unit Sickness benefits are not payable for Intensive Care Unit confinement due to routine normal pregnancy and elective cesarean section surgery.]²

[Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]²

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]

Policy Number: [XXXXXXX]

Recuperation Accident Single Payment Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of this Policy/Certificate, this Rider shall control.

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14 Day(s)] of Medically Necessary Confinement due to that Injury[, retroactive to the first Day of Confinement]¹. No benefit is provided for [the first [2,3,4,5,6,7,8,14]² Day(s) of Confinement or for]³ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Recuperation Accident Single Payment Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. The benefit is payable for up to the Maximum Number of Days shown in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one Recuperation Accident Single Payment Benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Day(s) of Confinement - as used in this Rider, means a day of Hospital confinement as an Inpatient.

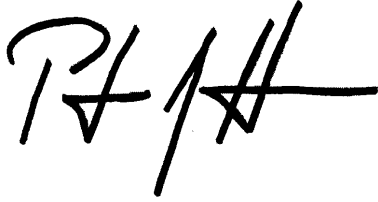
Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

Inpatient - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary – as used in this Rider, means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

Period of Confinement - as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature in black ink, consisting of a large 'P' followed by a series of loops and a horizontal stroke.

President

A handwritten signature in black ink, starting with a large 'D' and followed by several loops and a horizontal stroke.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXXX]

Recuperation Sickness Single Payment Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

If[, after an Insured Person has been covered under the Policy for at least [30,90,180,270,365] consecutive days and that]¹ [an]² Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [for each Day] [after 1,2,3,4,5,6,7,8,14 Day(s)] of Medically Necessary Confinement due to that Sickness [, retroactive to the first Day of Confinement]³. No benefit is provided for [the first[2,3,4,5,6,7,8,14]⁴ Day(s) of Confinement or for]⁵ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the Recuperation Sickness Single Payment Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness. The benefit is payable for up to the Maximum Number of Days shown in the Benefit Schedule during any one Period of Confinement. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one Recuperation Sickness Single Payment Benefit is provided for any one Day of Confinement, regardless of the number of Sicknesses for which the confinement is required.

[Pre-Existing Condition Limitation

Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]⁶

[Termination: Coverage under this Rider does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].]⁶

Day(s) of Confinement - as used in this Rider, means a day of Hospital confinement as an Inpatient.

Hospital - as used in this Rider, means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

Inpatient - as used in this Rider, means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Medically Necessary – as used in this Rider, means that confinement as an Inpatient in a Hospital is: (1) essential for the diagnosis, treatment and care of the Sickness; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

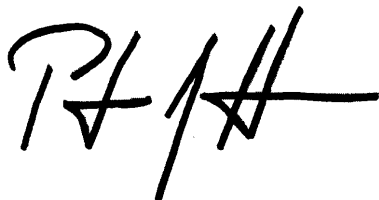
Period of Confinement - as used in this Rider, means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90] days or three times the Maximum Number of Days of Recuperation Sickness Single Payment Benefit coverage to a maximum of 180 days.

Sickness – as used in this Rider, means an illness or disease which is diagnosed or treated by a Physician.

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy/Certificate, and any amendment thereto, Recuperation Sickness Single Payment benefits are not payable for Hospital confinement due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature in black ink, consisting of a large 'P' followed by a series of loops and a long horizontal stroke.

President

A handwritten signature in black ink, appearing to start with a 'D' and followed by several loops and a horizontal stroke.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]

Policy Number: [XXXXXXX]

Temporary Total Disability Accident Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

If, as a result of an Injury, an Insured Person is rendered Temporarily Totally Disabled within [30, 60, 90] days of the date of the accident that caused the Injury, and if the Temporary Total Disability due to that Injury continues throughout the Elimination Period as shown in the Benefit Schedule, the Company will pay a monthly benefit beginning in the month following the Elimination Period. The monthly benefit is equal to 100% of the Temporary Total Disability Accident Maximum Amount as shown in the Benefit Schedule. The Benefit is payable as long as the Insured Person remains continuously Temporarily Totally Disabled due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Temporarily Totally Disabled due to that Injury; (2) the date the Insured Person dies; or (3) the date this Benefit has been paid for the Maximum Number of Months Payable as shown in the Benefit Schedule. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Temporarily Totally Disabled for less than a full month. Only one Temporary Total Disability Accident Benefit is provided for any one month of Temporary Total Disability, regardless of the number of Injuries causing the Temporary Total Disability or the number of losses incurred. If an Insured Person is covered under both the Temporary Total Disability Accident and the Temporary Total Disability Sickness Benefits, and becomes eligible for payment under both Benefits at the same time, payment will be made under one Benefit only, the largest.

[Benefit Offsets. The Temporary Total Disability Benefit will be reduced by amounts paid to an Insured Person, due to the same Temporary Total Disability, under any of the following: [other group insurance plans;]¹ [salary continuance, accumulated sick leave;]¹ [wage benefits under Workers' Compensation and similar laws;]¹ [state statutory disability benefit laws]^{1,2}

Recurrent Disability. Recurrent periods of Temporary Total Disability, due to the same or a related Injury, will be considered one period of Temporary Total Disability if separated by less than [90, 180] consecutive days of: (1) return to any full time work, if an occupational definition of Temporary Total Disability applies; or (2) performing the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident, if an occupational definition of Temporary Total Disability does not apply.

Termination Date. Coverage under this Benefit ends on the date the Insured Person attains age [65, 70, 75, 80].

Definitions

Elimination Period – as used in this Rider means the period of consecutive months of Temporary Total Disability for which no benefit is payable. It begins on the first day of Temporary Total Disability.

Temporarily Totally Disabled/Temporary Total Disability - as used in this Rider means: (1) [disability that prevents an Insured Person from performing the material and substantial duties of his or her own occupation.];³ [disability that prevents an Insured Person from performing the material and substantial duties of any occupation for which he or she is qualified by reason of education, training or experience.];⁴ [However, with

respect to an Insured Person for whom an occupational definition of Temporarily Totally Disabled/Temporary Total Disability is not appropriate, Temporarily Totally Disabled means ⁵ that the Insured Person is temporarily unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident; and (2) requires that the Insured Person is under the supervision of a Physician unless the Insured Person has reached his or her maximum point of recovery.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature in black ink, consisting of a large 'P' followed by a series of loops and a long horizontal stroke.

President

A handwritten signature in black ink, appearing to start with a 'D' and followed by several loops and a horizontal stroke.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXXX]

Temporary Total Disability Sickness Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider shall control.

If, [after an Insured Person has been covered under the Policy for at least [30,90,180,270,365] consecutive days and]¹ as a result of a Sickness, an Insured Person is rendered Temporarily Totally Disabled within [30, 60, 90] days of the date of the Sickness, and if the Temporary Total Disability due to that Sickness continues throughout the Elimination Period as shown in the Benefit Schedule, the Company will pay a monthly benefit beginning in the month following the Elimination Period. The monthly benefit is equal to 100% of the Temporary Total Disability Sickness Maximum Amount as shown in the Benefit Schedule. The benefit is payable as long as the Insured Person remains continuously Temporarily Totally Disabled due to that Sickness, but ceases on the earliest of: (1) the date the Insured Person ceases to be Temporarily Totally Disabled due to that Sickness; (2) the date the Insured Person dies; or (3) the date this Benefit has been paid for the Maximum Number of Months Payable as shown in the Benefit Schedule. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Temporarily Totally Disabled for less than a full month. Only one Temporary Total Disability Sickness Benefit is provided for any one month of Temporary Total Disability, regardless of the number of Sicknesses causing the Temporary Total Disability or the number of losses incurred. If an Insured Person is covered under both the Temporary Total Disability Sickness and the Temporary Total Disability Accident Benefits, and becomes eligible for payment under both Benefits at the same time, payment will be made under one Benefit only, the largest.

[Benefit Offsets. The Temporary Total Disability Benefit will be reduced by amounts paid to an Insured Person, due to the same Temporary Total Disability, under any of the following: [other group insurance plans;]² [salary continuance, accumulated sick leave;]² [wage benefits under Workers' Compensation and similar laws;]² [state statutory disability benefit laws]^{2,3}.

Recurrent Disability. Recurrent periods of Temporary Total Disability, due to the same or a related Sickness, will be considered one period of Temporary Total Disability if separated by less than [90, 180] consecutive days of: (1) return to any full time work, if an occupational definition of Temporary Total Disability applies; or (2) performing the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the Sickness, if an occupational definition of Temporary Total Disability does not apply.

[Pre-Existing Condition Limitation

Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage or effective date of Reinstatement under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was

recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]⁴

Termination Date. Coverage under this Rider ends on the date the Insured Person attains age [65, 70, 75, 80].

Definitions

Elimination Period – as used in this Rider, means the period of consecutive months of Temporary Total Disability for which no benefit is payable. It begins on the first day of Temporary Total Disability.

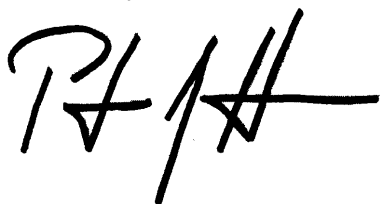
Sickness – as used in this Rider, means an illness or disease which is diagnosed or treated by a Physician.

Temporarily Totally Disabled/Temporary Total Disability - as used in this Rider, means: (1) [disability that prevents an Insured Person from performing the material and substantial duties of his or her own occupation]⁵[disability that prevents an Insured Person from performing the material and substantial duties of any occupation for which he or she is qualified by reason of education, training or experience.]⁶ [However, with respect to an Insured Person for whom an occupational definition of Temporarily Totally Disabled/Temporary Total Disability is not appropriate, Temporarily Totally Disabled means]⁷ that the Insured Person is temporarily unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the Sickness; and (2) requires that the Insured Person is under the supervision of a Physician unless the Insured Person has reached his or her maximum point of recovery.

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy/Certificate, and any amendment thereto, Temporary Total Disability Sickness benefits are not payable for Temporary Total Disability due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature in black ink, consisting of a large 'P' followed by a series of loops and a long horizontal stroke.

President

A handwritten signature in black ink, appearing to start with 'D' followed by several loops and a period at the end.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXXX]

Tuition Benefit Rider

This Rider is attached to and made part of the Policy/Certificate [as of the Policy Effective Date shown in the Policy's Master Application][effective Month, Day, Year, and is not retroactive]. It is subject to all of the provisions, limitations and exclusions of the Policy/Certificate that are not in conflict with this Rider. In the event of a conflict between this Rider and any other provision of the Policy/Certificate, this Rider will control.

[Children]¹ and [Spouse]² Tuition Benefit. If an Insured [or Insured Spouse]³ suffers accidental death such that an Accidental Death benefit is payable under the Policy, the [Company will pay the following benefit:]⁴

[A. For the Children. The]⁴ [Company will pay a benefit to or on behalf of each Child of the Insured [or Insured Spouse]³ who met the definition of Child on the date of the accident causing the Insured's [or Insured Spouse's]³ death and who, on the date of the Insured's [or Insured Spouse's]³ death: (1) is a full-time student in any Institution of Higher Learning above grade 12; or (2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's [or Insured Spouse's]³ death. The benefit will be paid for each year of the Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years or the date the Child reaches age [23 - 29], whichever comes first. The total amount of the benefit each year is equal to the lesser of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Child; or
2. [the Percentage shown in the Benefit Schedule of the Insured's [or Insured Spouse's]³ Accidental Death Maximum Amount on the date of the accident causing death]⁵
[the Tuition Maximum Amount shown in the Benefit Schedule]⁵.

The applicable portion of the yearly benefit for each term of enrollment is payable as follows:

1. to the Institution of Higher Learning, upon receipt of a bill for that term; or
2. to the Child, upon receipt of proof of payment for that term.

A Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's [or Insured Spouse's]³ death. [If no Child under age [23 - 29] becomes eligible for the benefit within 365 days after the date of the Insured's [or Insured Spouse's]³ death, the Company will pay a one-time lump sum amount as shown in the Benefit Schedule to the Insured's [or Insured Spouse's]³ designated beneficiary.]⁶¹

[B. For the Spouse. The]⁴ [Company will pay a benefit to or on behalf of the surviving spouse of the Insured [or Insured Spouse]³. The surviving spouse must be the person who was the spouse of the Insured [or of the Insured Spouse]³ on the date of the accident causing the Insured's [or Insured Spouse's]³ death and who, for the purpose of obtaining an independent source of support [or to enrich his or her ability to earn a living]⁷: (1) is enrolled in any Institution of Higher Learning or professional or trade training program on the date of the Insured's [or Insured Spouse's]³ death; or (2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the Insured's [or Insured Spouse's]³ death. The benefit will be paid for each year of the

surviving spouse's continuous enrollment in an Institution of Higher Learning or professional or trade training program, to a maximum of four (4) consecutive years. The total amount of the benefit for all institutions and programs combined each year is equal to the lesser of:

1. the total actual tuition (exclusive of room and board) charged by those institutions or programs for enrollment during that year for the surviving spouse; or
2. [the Percentage shown in the Benefit Schedule of the Insured's [or Insured Spouse's]³ Accidental Death Maximum Amount on the date of the accident causing death]⁵
[the Tuition Maximum Amount shown in the Benefit Schedule].⁵

The applicable portion of the yearly benefit for each term of enrollment is payable as follows:

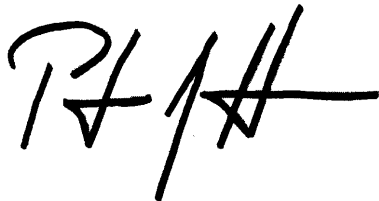
1. to the Institution of Higher Learning, upon receipt of a bill for that term; or
2. to the surviving spouse, upon receipt of proof of payment for that term.

A surviving spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured's [or Insured Spouse's]³ death. [If the surviving spouse does not become eligible for the benefit within 30 months after the date of the Insured's [or Insured Spouse's]³ death, the Company will pay a one-time lump sum amount as shown in the Benefit Schedule to the Insured's [or Insured Spouse's]³ designated beneficiary.]⁸⁾²

[Child - as used in this Rider, means the Insured's [or Insured Spouse's]³ unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured's [or Insured Spouse's]³ home, under age [23-29] and primarily dependent on the Insured [or Insured Spouse]³ for support and maintenance.]¹

Institution of Higher Learning - as used in this Rider, means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

SERFF Tracking #:	AGDE-128682547	State Tracking #:		Company Tracking #:	A30396NUFIC-AR
State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.		
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only				
Product Name:	Direct Marketing				
Project Name/Number:	GAP 2012/A30396NUFIC-AR				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/22/2012
Comments:			
Attachment(s):			
AR-NEW-GAP-Readability-Cert.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	10/22/2012
Comments:			
Attachment(s):			
A30398NUFIC-AR-APP.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Explanation of Values	Approved-Closed	10/22/2012
Comments:			
Attachment(s):			
EOV-GAP.pdf			

CERTIFICATION OF READABILITY

National Union Fire Insurance of Pittsburgh, Pa., hereby certifies that the following forms have attained a Flesch Reading Ease score of:

Flesch Score	Form Number(s)	Form Title(s)
51.8	A30396NUFIC	Group Accident [and Sickness] Policy
50.1	A30397NUFIC	Group Accident [and Sickness] Certificate
50.6	A30398NUFIC-AR	Master Application
50.2	A30399NUFIC	Amendatory Endorsement
50.5	A30400NUFIC	Accident Medical Expense Benefit Rider
51.8	A30401NUFIC	Day Care Benefit Rider
51.6	A30402NUFIC	Dislocations/Fractures Benefit Rider
50.2	A30403NUFIC	Emergency [Transportation][and][Treatment] Benefit Rider
50.5	A30404NUFIC	Family Leave Benefit Rider [Version 1]
50.3	A30405NUFIC	Family Leave Benefit Rider [Version 2]
50.1	A30406NUFIC	Intensive Care Unit Benefit Rider
50.7	A30407NUFIC	Recuperation Accident Daily Benefit Rider
50.5	A30408NUFIC	Recuperation Sickness Daily Benefit Rider
50.8	A30409NUFIC	Temporary Total Disability Accident Benefit Rider
50.4	A30410NUFIC	Temporary Total Disability Sickness Benefit Rider
50.3	A30411NUFIC	Tuition Benefit Rider

Signature: 

Name and Title: **Susan E. Martin, Assistant Vice President**

Date: September 12, 2012

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

MASTER APPLICATION FOR GROUP ACCIDENT [AND SICKNESS]¹ INSURANCE POLICY

Application is hereby made for a plan of accident [and Sickness]¹ insurance based on the following statements and representations:

1. Identification of Policyholder:

[Name of Policyholder: ABC Organization
Address of Policyholder: 123 Main Street, City, State ZIP
Policy Number: 1234567]

[2]. Classification of Eligible Persons:

[Class	Description of Class	Number of Eligible Persons
1	All Accountholders of ABC Organization	TBD
[2	Eligible Spouses of Class I Insureds]	
[3	Eligible Dependent Child(ren) of Class 1 Insureds]]	

[3]. Policy Coverage:

[[A.] Covered Activities:

1. 24 Hour Coverage. [(“24 Hour”)]²
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian. [(“Motor Vehicle”)]²
3. While riding as a fare-paying passenger on a Common Carrier. [(“Common Carrier”)]^{2,3}

[B.] Benefit Schedule:

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[Accidental Death]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
[24 Hour]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
Common Carrier			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 2,000,000]	[\$[1,000 – 2,000,000]	[\$[1,000 – 2,000,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 1,000,000]	[\$[500 – 1,000,000]	[\$[500 – 1,000,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ^{8,9}	[\$[250 – 500,000]	[\$[250 – 500,000]	[\$[250 – 500,000]
[Accidental Dismemberment]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
[24 Hour]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]	[\$[1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 250,000]	[\$[500 – 250,000]	[\$[500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$[250 – 125,000]	[\$[250 – 125,000]	[\$[250 – 125,000]
Common Carrier			
[Ages [64, 69, 74] and under] ^{4,5}	[\$[1,000 – 2,000,000]	[\$[1,000 – 2,000,000]	[\$[1,000 – 2,000,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$[500 – 1,000,000]	[\$[500 – 1,000,000]	[\$[500 – 1,000,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[Age 75 [and older] ⁶ [to termination] ^{7,5}] ^{8,9}	[\$250 – 500,000]	[\$250 – 500,000]	[\$250 – 500,000]
[Accident Medical Expense			
[Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7,4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]
[24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7,4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]
Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7,4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}] ⁸	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]
[Deductible [Per Accident] ¹⁰ Amount (Non-Dental): \$[2,000 – 50,000] ¹⁰ [Per Insured Person in Class 1, 2 and 3 \$[5,000 – 50,000]] ¹⁰			
[Dental [Per Accident]: ¹⁰ [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7,4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}] ¹⁰	\$[500 – 10,000] \$[250 – 5,000] \$[125 – 2,500]	\$[500 – 10,000] \$[250 – 5,000] \$[125 – 2,500]	\$[500 – 10,000] \$[250 – 5,000] \$[125 – 2,500]
[Deductible [Per Accident] ¹⁰ Amount (Dental) : \$[100 – 1,000] ¹⁰ [Per Insured Person in Class 1, 2 and 3 \$[100 – 1,000]] ^{10,9}			
[Day Care	[\$1,000-\$50,000]	[\$1,000-\$50,000]	[\$1,000-\$50,000]
[Percentage of Accidental Death Maximum Amount] ¹⁰	[2 – 50%]	[2 – 50%]	[2 – 50%]
[One-time Lump Sum Amount:] ^{10,9}	[\$1,000 - \$25,000]	[\$1,000 - \$25,000]	[\$1,000 - \$25,000]
[Dislocations	See Benefit	See Benefit	See Benefit
Fractures	See Benefit	See Benefit	See Benefit

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
Maximum Dislocations/Fractures Benefit ⁹	[\$100 – 100,000]	[\$100 – 100,000]	[\$100 -100,000]
[Emergency Transportation]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
[24 Hour			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵ ⁸	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
[Maximum Number of Emergency Transportation Benefits per Insured Person per Calendar Year: [1-5]] ^{10,9}			
[Emergency Treatment]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
[24 Hour			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 2,500]	[\$25 – 2,500]	[\$25 – 2,500]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵ ⁸	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]
[If Admitted as an In-Patient			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 5,000]	[\$25 – 5,000]	[\$25 – 5,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Ages 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>[Due to a Fracture [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Ages 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>[For [all other] Injuries [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Ages 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>[Maximum Number of Emergency Treatment Benefits per Insured Person per Calendar Year: [1-5]]^{10,9}</p>	<p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p>	<p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p>	<p>\$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p> <p>\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]</p>
<p>[Family Leave] Monthly Maximum Amount</p> <p>[Ages [64, 69, 74] and under]^{4,5} \$[8,333.33]</p> <p>[Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} \$[8,333.33]</p> <p>[Age 75 [and older]⁶ [to termination]⁷]⁵ \$[8,333.33]</p> <p>Maximum Number of Months: [12, 24, 36]]⁹</p>	<p>[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]</p>	<p>[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]</p>	<p>[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount/No Benefit]</p>
<p>[In-Hospital Indemnity Daily]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Ages 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[24 Hour [Ages [64, 69, 74] and under]^{4,5} [[Ages [65, 70, 75]⁴ [65 - 74]⁵ [to</p>	<p>\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]</p> <p>\$[25 – 2, 500]</p>	<p>\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]</p> <p>\$[25 – 2, 500]</p>	<p>\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]</p> <p>\$[25 – 2, 500]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ⁸ Maximum Number of Days: [30, 60, 90, 120, 180, 365] ⁹	\$[25 – 1,250] \$[25 – 625] \$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 1,250] \$[25 – 625] \$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 1,250] \$[25 – 625] \$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]
[In-Hospital Indemnity Sickness Daily] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ Maximum Number of Days: [30, 60, 90, 120, 180, 365] Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one] ⁹	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]
[In-Hospital Indemnity Single Payment] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ⁸ [Medically Necessary Confinement] If Confined for: [15-29] Consecutive Days:	\$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000]	\$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000]	\$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000] \$[5,000 – 500,000] \$[2,500 – 250,000] \$[1,250 – 125,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[30-59] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[60-89] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[90+] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]]⁹</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>
<p>[In-Hospital Indemnity Sickness Single]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[Medically Necessary Confinement If Confined for: [15-29] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁴ [to termination]⁷]⁵</p> <p>[30-59] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p> <p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[60-89] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[90+] Consecutive Days: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵]¹⁰</p> <p>Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]]⁹</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>	<p>\$[5,000 – 500,000]</p> <p>\$[2,500 – 250,000]</p> <p>\$[1,250 – 125,000]</p>
<p>[Intensive Care Unit]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[24 Hour [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>Motor Vehicle [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵]⁸</p> <p>Maximum Lifetime Benefit Period: [30, 60, 90, 120, 180, 365] days]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>
<p>[Physician's Office Visits Indemnity]</p> <p>[Waiting Period: [30,90,180,270,365] consecutive days]¹⁰</p> <p>[Routine Well Care Related Visits Benefit Amount Per Visit: [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to</p>	<p>\$[25 - 200]</p>	<p>\$[25 - 200]</p>	<p>\$[25 - 200]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}	\$[25 - 100] \$[25 - 50]	\$[25 - 100] \$[25 - 50]	\$[25 - 100] \$[25 - 50]
[-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [X]] ^{10,13}	[1-8]	[1-8]	[1-8]
[-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5} [Per Family: \$[25 - 1,600]] ^{13,12}	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]
[Injury Related Visits Benefit Amount Per Visit: [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}	\$[25 - 200] \$[25 - 100] \$[25 - 50]	\$[25 - 200] \$[25 - 100] \$[25 - 50]	\$[25 - 200] \$[25 - 100] \$[25 - 50]
[-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [1-8]] ^{10,13}	[1-8]	[1-8]	[1-8]
[-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5}] ⁴ [Per Family: \$[25 - 1,600]] ^{13,12}	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]	\$[25 - 1,600] \$[25 - 800] \$[25 - 400]
[Sickness Related Visits Benefit Amount Per Visit: [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to	\$[25 - 200]	\$[25 - 200]	\$[25 - 200]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ [-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [1-8]] ^{10,13} [-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ [Per Family: \$[25 – 1,600]] ¹³ ¹² [Combined Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Family] ¹⁰ : [1-8]] ¹³ [Combined Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Family] ¹⁰ : \$[25 – 1, 600]] ¹⁰ ¹³ [Lifetime Maximum Number of Visits for all Physician Office Visits [Per Insured Person:] ¹⁰ [Per Family: [1-60]] ^{10,13} [Lifetime Maximum Benefit Amount for all Physician Office Visits [Per Insured Person] ¹⁰ [Per Family: \$[25 – 12,000]] ¹⁰ ¹³ ⁹	\$[25 - 100] \$[25 – 50] [1-8] \$[25 – 1,600] \$[25 - 800] \$[25 – 400]	\$[25 - 100] \$[25 – 50] [1-8] \$[25 – 1,600] \$[25 - 800] \$[25 – 400]	\$[25 - 100] \$[25 – 50] [1-8] \$[25 – 1,600] \$[25 – 400] \$[25 - 800]
[Recuperation Accident Single Payment] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ [24 Hour	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>Motor Vehicle [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵]⁸</p> <p>Maximum Number of Days: [30, 60, 90]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>
<p>[Recuperation Sickness Single Payment]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>Maximum Number of Days: [30, 60, 90]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>
<p>[Temporary Total Disability Accident]</p> <p>Elimination Period: [30,60,90] consecutive days</p> <p>Maximum Number of Months Payable: [1-24]</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>[24 Hour [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p> <p>Motor Vehicle [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]⁷]⁵</p>	<p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p>	<p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p>	<p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p> <p>\$[500 – 5,000]</p> <p>\$[250 – 2,500]</p> <p>\$[125 – 1,250]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
^{8,9}			
Temporary Total Disability Sickness Elimination Period: [30,60,90] consecutive days Maximum Number of Months Payable: [1-24] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5,9}] ⁹	\$[500 – 5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500 – 5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500 – 5,000] \$[250 – 2,500] \$[125 – 1,250]
Tuition [Percentage of Accidental Death Maximum Amount] ¹⁰ [One-time Lump Sum Amount] ¹⁰] ⁹	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]
Additional Rider [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ¹⁴	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX] \$[XXXX]

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

[Per Accident Maximum Amount \$[XXXX]]¹⁵

[[50]% Reduction Schedule: _____ Applies _____ Does not Apply]¹⁶

[C.] Policy Riders and/or Endorsements:

The following Rider(s) and/or Endorsement(s) are attached to and made part of the Policy as of the [Policy Effective Date][Effective Date specified below]. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

[CLASS[(ES)] 1[,2 and 3]

FORM NO.	DESCRIPTION
A30399NUFIC	Policy/Certificate Amendatory Endorsement
A30400NUFIC	Accident Medical Expense Benefit Rider
A30401NUFIC	Day Care Benefit Rider
A30402NUFIC	Dislocations/Fractures Benefit Rider
A30403NUFIC	Emergency [Transportation][and][Treatment] Benefit Rider
A30404NUFIC	Family Leave Benefit Rider [Version 1]
A30405NUFIC	Family Leave Benefit Rider [Version 2]
A30406NUFIC	Intensive Care Unit Benefit Rider
A30407NUFIC	Recuperation Accident Single Payment Benefit Rider
A30408NUFIC	Recuperation Sickness Single Payment Benefit Rider
A30409NUFIC	Temporary Total Disability Accident Benefit Rider
A30410NUFIC	Temporary Total Disability Sickness Benefit Rider
A30411NUFIC	Tuition Benefit Rider]

[4]. Premiums:

[It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

[\$[X.XX] per [month]]

[[Initial] [X] Month[s]: \$[XXX] [per month]
Subsequent Months: \$[XXX] [per month]]]

[5]. [Policy Effective Date: [mm/dd/yy]]

[[6]. [Policy Termination Date: [mm/dd/yy/N/A]]

[[7] Coverage Effective Date:]

[[8] Coverage Termination Date:]

[Right to Continue Incapacitated Dependent Child (where not mandated)

_____ Apply _____ Does not apply]

[Right to Continue Dependents upon death of Insured with an Insured Spouse

_____ Apply _____ Does not apply]

[Right to Continue for any reason

_____ Apply _____ Does not apply]

Signature of Person signing on behalf of Policyholder

Printed Name of Person signing on behalf of Policyholder

Title

Date

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Group Accident Insurance Policy A30396NUFIC et al
Explanation of Variables

Group Accident Insurance Policy A30396NUFIC et al
Explanation of Variables

Group Accident Insurance Policy A30396NUFIC et al

General Explanation of Variables in the Policy:

- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.
- Numeric variables within the Policy/Certificate are shown as typical ranges. These variables will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
- The Policyholder Name and Policyholder Number will vary.

Note that the above variables will not be explained everywhere they appear.

FACE PAGE.

1. This language will be included if the Policy includes Sickness benefits.
2. This language will be included if Covered Activities are included in the policy.
3. This language will be included if the Policy is written for a specific term of insurance.
4. This language will be included if the Policy is written for a specific term of insurance and may be renewed.
5. This language will be included if the Policy does not include Sickness benefits.

DEFINITIONS.

1. This language/definition will be included or excluded based on plan design.
2. This definition will be included if the Common Carrier Covered Activity is included.
3. This definition will be included if the Policy includes the In-Hospital Indemnity Accident Benefits.
4. This language will be included if the definition of Domestic Partner is intended to include members of the opposite sex.
5. This language will be included if the definition of Domestic Partner is intended to include members of both the opposite and same sex.
6. This language will be included if the definition of Domestic Partner is intended to include a same sex partnership.
7. Reference to Domestic Partner will be included if coverage for Domestic Partner is included in the Policy.
8. The definitions for eligible dependent coverage (ie. Eligible Spouse, Eligible Dependent Children, etc.) will be included as applicable if they are covered under the Policy.
9. Reference to eligible dependents will be included as applicable if they are defined and covered under the Policy.
10. The age limit will vary; however, this age limit will always comply with the minimum statutory requirements of the state in which the Policy is issued. If “under age 27” is used then the age while attending college will not be used.
11. This definition will be included if the definition for Physician is included.
12. This language will be included in the definition of Injury if the policy is to be Covered Activity-driven.
13. This word will be included if both the Insured Spouse and Insured Dependent Child are included in the definition
14. This definition will be included if the Motor Vehicle Covered Activity is included.
15. This definition will be included if the Policy includes the In-Hospital Indemnity Sickness Benefits.

POLICY EFFECTIVE AND TERMINATION DATES.

1. This language will be included or excluded.
2. This language will be included only if premium for the Policy is paid on other than a single premium basis.
3. This language will be included when both choices for automatic Policy termination are to be included in the Policy.
4. The reference to a Policy Termination Date will only be included if the Policy is written for a specific term of insurance.

INSURED’S AND DEPENDENT’S EFFECTIVE AND TERMINATION DATES.

1. This language will be included only if Dependent Coverage is included.
2. This language will be included only if written enrollment is required.
3. This language will be included depending upon who is to receive the enrollment information.
4. This language will vary to accommodate the effective date elected.
5. This language will be included or excluded.
6. This language will be included only if there is a ‘Coverage Termination Date’ section in the Master Application.
7. This language will be included if the coverage is to end at a specified age.
8. This language will be included if Sickness benefits are included.

Group Accident Insurance Policy A30396NUFIC et al
Explanation of Variables

9. This language will be included based on plan design and only if there is Dependent Child coverage.

POLICY PREMIUM.

1. The premiums can be changed on any **one** of the dates specified.
2. "First" may vary to allow for a multi-year rate guarantee, if applicable.
3. The change in premium language will only be included if premium is payable on other than a single premium basis.
4. The language regarding premium changes as a condition of renewal will be included if the Policy is written for a specific term of insurance and may be renewed.

INSURED'S PREMIUM.

1. This language will be included only if the Insured contributes toward the cost of insurance and the insurance is provided on other than a single premium basis.

BENEFITS.

1. The reference to Reduction Schedule will only be included if the Reduction Schedule applies.
2. This language is included if an individual enrollment form is required.
3. This language will be included or excluded based on plan design.
4. This language will be included based on plan design and only if there is Dependent Coverage.
5. This language will be included if an increase is to apply to all of the benefits included under the Policy and the Escalator Percentage does not vary by benefit.
6. This language will be included if an increase is to apply to specific benefits only or if the Escalator Percentage varies.
7. This language will be included if the Reduction Schedule provision is to apply to this Escalator Benefit.
8. New Benefit Riders will be included as they are filed and approved.
9. This benefit will be included or excluded based on plan design; however, at least one benefit will always be included as base coverage.
10. The inclusion and length of an incurral period will vary.
11. This language will be included if this benefit is offered retroactively to the first day of confinement.
12. The range will be deleted if the elimination period is one day.
13. This language will be included if this benefit is paid only after the elimination period.
14. The payment frequency will be either weekly or monthly.
15. This language will be included if a waiting period is included.
16. This language will be included if a waiting period is not included.
17. This language will be included if this benefit is offered retroactively to the first day of confinement.
18. The range will be deleted if the elimination period is one day.
19. This language will be included if this benefit is paid only after the elimination period.
20. This provision may be included or excluded.
21. This provision will be included or deleted based on plan design.
22. This language will be included if an elimination period is to apply.
23. This language will be included when the benefit amount varies by the number of days confined. This will be shown on the Schedule.
24. This language will be included if an elimination period is to apply and the benefit amount does not vary by the number of days confined.
25. This language will be included when the benefit amount varies by the number of days confined. This will be shown on the Schedule.
26. The number of consecutive days will vary.
27. The waiting period language will be included or excluded.
28. This language will be included when benefits will be paid due to routine well care physician's office visits.
29. This language will be included when benefits will be paid for physician's office visits due to injury.
30. This language will be included when benefits will be paid due to sickness physician's office visits.
31. These references will be excluded when this benefit pays for physician's office visits due to routine well care, injury and sickness.
32. This language will be included when the benefit includes a combined maximum number of visits.
33. This language will be included when the benefit includes a combined maximum benefit amount.
34. This language will be included when the benefit is to be paid only if an insured incurs a fee for an office visit.
35. This language will be included if the benefit includes a lifetime maximum number of visits.

Group Accident Insurance Policy A30396NUFIC et al
Explanation of Variables

36. This language will be included if the benefit includes a lifetime maximum benefit amount.
37. This statement will be included or excluded in its entirety or either reference to a lifetime maximum number or visits or a lifetime maximum benefit amount will be included or excluded.
38. This language will be included or excluded as a condition of termination of coverage under this benefit.
39. The number of years will range between 1-5. The number of months will range between 12-60.
40. One of these time frame options will be used.
41. This language will be included or excluded as a condition of termination of coverage under this benefit.
42. The termination date provision will be deleted if this benefit is to terminate on the same date as all other coverage.
43. The definition of Routine Well Care will be included if coverage is provided for routine well care physician's office visits only. If benefits are provided for Injury, Sickness and Routine Well Care, this definition will not be included.
44. The definition of Sickness will be included if coverage is provided for sickness physician's office visits only. If benefits are provided for Injury, Sickness and Routine Well Care, this definition will not be included.
45. If benefits are payable for sickness or routine well care physician's office visits, this sickness exclusion waiver language will be included.

INSURED'S LIMITATIONS.

1. The Limitations title will only be included if one or more of the limitation provisions are included in the Policy.
2. This language will be included when Sickness benefits are included in the plan design.
3. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
4. This provision may be included or excluded based on plan design.
5. This age range will be used if the Reduction Schedule includes a single age reduction.
6. This age range will be used if the Reduction Schedule includes a multiple-age reduction.
7. The age and reduction schedule may be modified when supported by the rate manual.
8. This language will be included if the reduction does not vary by Sickness versus Injury.
9. This language will be included if the reduction is intended to vary by Sickness versus Injury.
10. The percentage used will be supported by the rate manual.
11. This language will be included if benefits are reduced an additional percentage at age 75+.

INSURED'S EXCLUSIONS.

1. This language may be included or excluded based on plan design.

INSURED'S CLAIMS PROVISIONS.

1. The address is bracketed to allow for any future changes to this address without having to refile the forms.
2. This language will be included if Dependent Coverage is included.

INSURED'S GENERAL PROVISIONS.

1. This language will be included if Dependent Coverage is included.
2. This language will be included depending upon who is to receive the beneficiary information.
3. One of these beneficiary language options will be included or excluded based on plan design.
4. This language will be included or excluded based on plan design.

Group Accident Certificate (A30397NUFIC)

FACE PAGE.

1. This language will be included if the Policy includes Sickness coverage.
2. This language will be included if the free-look period is to run from the later of the coverage effective date or the date of receipt of the Policy.
3. This language will be included if a free look period is provided.
4. This language will be included if the Policy does not include Sickness benefits.
5. This disclosure will be included when Medical/Sickness benefits are included.

SCHEDULE.

1. The schedule is considered variable in its entirety. It contains sample language for "John Doe" filing purposes.
2. Reference to a specific Covered Activity will be included if that Covered Activity varies by benefit. This will vary based on plan design.

Group Accident Insurance Policy A30396NUFIC et al
Explanation of Variables

3. The Certificate may include all three Covered Activities. The Covered Activity may vary by benefit. The Covered Activity may vary by Maximum Amount. The Common Carrier Covered Activity applies to the Accidental Death and Accidental Dismemberment Benefits only. If Coverage is 24-Hour for all benefits, no Covered Activity language will be included.
4. This language will be included if the Reduction Schedule provision in the Limitations section of the Certificate includes a single age reduction.
5. This age range will be used if the Reduction Schedule provision in the Limitations section of the Certificate includes a multiple-age reduction.
6. This language will be used if no termination age is specified in the Insured's Effective and Termination Date provision in the Certificate.
7. This language will be used if a termination age is specified in the Insured's Effective and Termination Date provision in the Certificate.
8. This language will be included if the Covered Activity varies by benefit.
9. This benefit is optional and will be included in the Benefit Schedule if included in the issued Policy/Certificate.
10. This language will be included or excluded based on plan design.
11. Reference to Month, Quarter or Year will be included.
12. Routine Well Care, Injury and Sickness related visits will be included or excluded based on plan design.
13. Reference to these benefit maximums will be included or excluded based on plan design.
14. As new Benefit Riders are filed and approved for use with the Policy, they will be added.
15. A 'Per Accident Maximum Amount' will be included if the Limitation on Benefit Payments provision in the Limitations section is included.

DEFINITIONS.

1. This language/definition will be included or excluded based on plan design.
2. This definition will be included if the Common Carrier Covered Activity is included.
3. This definition will be included if the Policy includes any of the In-Hospital Indemnity Benefits.
4. This language will be included if the definition of Domestic Partner is intended to include members of the opposite sex.
5. This language will be included if the definition of Domestic Partner is intended to include members of both the opposite and same sex.
6. This language will be included if the definition of Domestic Partner is intended to include a same sex partnership.
7. Reference to Domestic Partner will be included if coverage for Domestic Partner is included in the Policy.
8. The definitions for eligible dependent coverage (ie. Eligible Spouse, Eligible Dependent Children, etc.) will be included as applicable if they are covered under the Policy.
9. Reference to eligible dependents will be included as applicable if they are defined and covered under the Policy.
10. The age limit will vary; however, this age limit will always comply with the minimum statutory requirements of the state in which the Policy is issued. If under age 27 is used then the age while attending college will not be used.
11. This definition will be included if the definition for Physician is included.
12. This language will be included in the definition of Injury if the policy is to be Covered Activity-driven.
13. This word will be included if both the Insured Spouse and Insured Dependent Child are included in the definition.
14. This definition will be included if the Motor Vehicle Covered Activity is included.
15. This definition will be included if the Certificate includes the In-Hospital Indemnity Sickness Benefits.

INSURED'S AND DEPENDENT'S EFFECTIVE AND TERMINATION DATES.

1. This language will be included only if Dependent Coverage is included.
2. This language will be included only if written enrollment is required.
3. This language will be included depending upon who is to receive the enrollment information.
4. This language will vary to accommodate the effective date elected.
5. This language will be included or excluded.
6. This language will be included only if there is a 'Coverage Termination Date' section in the Schedule.
7. This language will be included if the coverage is to end at a specified age.
8. This language will be included if Sickness benefits are included.
9. This language will be included based on plan design and only if there is Dependent Child coverage.

PREMIUMS.

Group Accident Insurance Policy A30396NUFIC et al
Explanation of Variables

1. This language will be included only if the Insured contributes toward the cost of insurance and the insurance is provided on other than a single premium basis.

BENEFITS.

1. The reference to Reduction Schedule will only be included if the Reduction Schedule applies.
2. This language is included if an individual enrollment form is required.
3. This language will be included or excluded based on plan design.
4. This language will be included based on plan design and only if there is Dependent Coverage.
5. This language will be included if an increase is to apply to all of the benefits included under the Policy and the Escalator Percentage does not vary by benefit.
6. This language will be included if an increase is to apply to specific benefits only or if the Escalator Percentage varies.
7. This language will be included if the Reduction Schedule provision is to apply to this Escalator Benefit.
8. New Benefit Riders will be included as they are filed and approved.
9. This benefit will be included or excluded based on plan design; however, at least one benefit will always be included as base coverage.
10. The inclusion and length of an incurral period will vary.
11. This language will be included if this benefit is offered retroactively to the first day of confinement.
12. The range will be deleted if the elimination period is one day.
13. This language will be included if this benefit is paid only after the elimination period.
14. The payment frequency will be either weekly or monthly.
15. This language will be included if a waiting period is included.
16. This language will be included if a waiting period is not included.
17. This language will be included if this benefit is offered retroactively to the first day of confinement.
18. The range will be deleted if the elimination period is one day.
19. This language will be included if this benefit is paid only after the elimination period.
20. This provision may be included or excluded.
21. This provision will be included or deleted based on plan design.
22. This language will be included if an elimination period is to apply.
23. This language will be included when the benefit amount varies by the number of days confined. This will be shown on the Schedule.
24. This language will be included if an elimination period is to apply and the benefit amount does not vary by the number of days confined.
25. This language will be included when the benefit amount varies by the number of days confined. This will be shown on the Schedule.
26. The number of consecutive days will vary.
27. The waiting period language will be included or excluded.
28. This language will be included when benefits will be paid due to routine well care physician's office visits.
29. This language will be included when benefits will be paid for physician's office visits due to injury.
30. This language will be included when benefits will be paid due to sickness physician's office visits.
31. These references will be excluded when this benefit pays for physician's office visits due to routine well care, injury and sickness.
32. This language will be included when the benefit includes a combined maximum number of visits.
33. This language will be included when the benefit includes a combined maximum benefit amount.
34. This language will be included when the benefit is to be paid only if an insured incurs a fee for an office visit.
35. This language will be included if the benefit includes a lifetime maximum number of visits.
36. This language will be included if the benefit includes a lifetime maximum benefit amount.
37. This statement will be included or excluded in its entirety or either reference to a lifetime maximum number or visits or a lifetime maximum benefit amount will be included or excluded.
38. This language will be included or excluded as a condition of termination of coverage under this benefit.
39. The number of years will range between 1-5. The number of months will range between 12-60.
40. One of these time frame options will be used.
41. This language will be included or excluded as a condition of termination of coverage under this benefit.
42. The termination date provision will be deleted if this benefit is to terminate on the same date as all other coverage.
43. The definition of Routine Well Care will be included if coverage is provided for routine well care physician's office visits only. If benefits are provided for Injury, Sickness and Routine Well Care, this definition will not be included.

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Explanation of Variables

44. The definition of Sickness will be included if coverage is provided for sickness physician's office visits only. If benefits are provided for Injury, Sickness and Routine Well Care, this definition will not be included.
45. If benefits are payable for sickness or routine well care physician's office visits, this sickness exclusion waiver language will be included.

LIMITATIONS.

1. The Limitations title will only be included if one or more of the limitation provisions are included in the Policy.
2. This language will be included when Sickness benefits are included in the plan design.
3. Only the Benefits within the brackets that are available under the Policy will be included in this listing
4. This provision may be included or excluded based on plan design.
5. This age range will be used if the Reduction Schedule includes a single age reduction.
6. This age range will be used if the Reduction Schedule includes a multiple-age reduction.
7. The age and reduction schedule may be modified when supported by the rate manual.
8. This language will be included if the reduction does not vary by Sickness versus Injury.
9. This language will be included if the reduction is intended to vary by Sickness versus Injury.
10. The percentage used will be supported by the rate manual.
11. This language will be included if benefits are reduced an additional percentage at age 75+.

EXCLUSIONS.

1. This language may be included or excluded based on plan design.

CLAIM PROVISIONS.

1. The address is bracketed to allow for any future changes to this address without having to refile the forms.
2. This language will be included if Dependent Coverage is included.

GENERAL PROVISIONS.

1. This language will be included if Dependent Coverage is included.
2. This language will be included depending upon who is to receive the beneficiary information.
3. One of these beneficiary language options will be included or excluded based on plan design.
4. This language will be included or excluded based on plan design.

Master Application (A30398NUFIC)

The Master Application is considered to be variable in its entirety. It contains sample language for filing purposes.

1. This language will be included if Sickness benefits are included in the Policy.
2. Reference to a specific Covered Activity will be included if that Covered Activity varies by benefit. This will vary based on plan design.
3. The Certificate may include all three Covered Activities. The Covered Activity may vary by benefit. The Covered Activity may vary by Maximum Amount. The Common Carrier Covered Activity applies to the Accidental Death and Accidental Dismemberment Benefits only. If Coverage is 24-Hour for all benefits, no Covered Activity language will be included.
4. This language will be included if the Reduction Schedule provision in the Limitations section of the Certificate includes a single age reduction.
5. This age range will be used if the Reduction Schedule provision in the Limitations section of the Certificate includes a multi-age reduction.
6. This language will be used if no termination age is specified in the Insured's Effective and Termination Date provision in the Certificate.
7. This language will be used if a termination age is specified in the Insured's Effective and Termination Date provision in the Certificate.
8. This language will be included if the Covered Activity varies by benefit.
9. Benefit Riders are optional and will be included in the Benefit Schedule if included in the issued Policy/Certificate.
10. This language will be included or excluded based on plan design.
11. Reference to Month, Quarter or Year will be included.
12. Routine Well Care, Injury and Sickness related visits will be included or excluded based on plan design.
13. Reference to these benefit maximums will be included or excluded based on plan design.
14. As new Benefit Riders are filed and approved for use with the Policy, they will be added.

Group Accident Insurance Policy A30396NUFIC et al

Explanation of Variables

15. A Per Accident Maximum Amount will be included if the Limitation on Benefit Payments provision in the Limitations section is included.
16. This language will be included when an age reduction applies.

OPTIONAL BENEFIT RIDERS/ENDORSEMENTS

General Explanation of Variables in Each Rider:

- With regard to each Rider, the Policyholder Name and Policyholder Number will be filled in when the Policy is issued.
- With regard to the first paragraph of each Rider, the description of the Rider's effective date will either be the Policy Effective Date, the Insured's Coverage effective date, or the date the rider is added to the policy if the Policyholder/Insured chooses to add the benefit or coverage after the insurance is already in effect.

Amendatory Endorsement (A30399NUFIC)

1. The Amendatory Endorsement is to be used to make changes to the variable information or sections of the Policy, Certificate, Applications and/or Riders. Changes to the variable information will be made within the parameters set forth in this explanation of variables. It contains sample language for filing purposes only.

Accident Medical Expense Benefit Rider (A30400NUFIC)

1. The deductible may apply to the whole policy/certificate term or to all injuries resulting from one accident.
2. This language will be included if a dental deductible applies.
3. This language will apply if the benefit is subject to a Dental Maximum Amount.
4. This language will be included if some dental accident expense benefits are included.
5. This provision will be included if permitted by state.
6. This language will be included if an AME deductible applies.

Day Care Benefit Rider (A30401NUFIC)

1. Reference to "or Insured Spouse" will be included only when a benefit will be paid due to an Insured Spouse's accidental death as well as the Insured's accidental death.
2. This language will be included when the total amount of the benefit is to be expressed as either a percentage of the Accidental Death Maximum Amount or as a flat Day Care Maximum Amount. Only one of these items will be included, not both.
3. We will include either 4 or 6 years.
4. A lump sum benefit to the Insured's designated beneficiary will be included or excluded based on plan design.

Dislocations and Fractures Benefit Rider (A30402NUFIC)

1. The benefit range will be between \$25 and \$10,000.
2. This item will be included or excluded based on plan design.

Emergency [Transportation] [and] [Treatment] Benefit Rider (A30403NUFIC)

1. Benefit may include both treatment and transportation benefits or just one or the other.
2. This header will not be included if the rider includes only one of the Benefits.
3. This language will be included only if a calendar year maximum applies.
4. This language will be included only if the Schedule reflects that Emergency Treatment benefits are payable at different levels.
5. This language will be included only if Emergency Transportation Benefits apply.

Family Leave Benefit Rider – Version 1 (A30404NUFIC) This benefit will be used when: (a) the disabled person is the Insured or the Insured Dependent (Insured Spouse or Insured Dependent Child); **AND** the Caregiver (who is an Immediate Family Member (Immediate Family Member means the Insured's or Insured Person's spouse, mother, father, mother-in-law, father-in-law, step-parent, grandparent, sibling, sibling-in-law, or child)) takes an unpaid leave of absence or resigns to provide Continuous Care to the disabled person.

1. This language will be included only when Dependent Coverage applies.

Group Accident Insurance Policy A30396NUFIC et al

Explanation of Variables

2. If this benefit is limited to Insureds under a certain age, reference to an age limit will be included.
3. This language will be included when the 'occupational' definition of Disabled/Disability is used.
4. This language will be included when both the 'occupational' and 'non-occupational' definition of Disabled/Disability is used.
5. The age limit will vary.
6. This language will be included or excluded.
7. This language will be included when the 'non-occupational' definition of Disabled/Disability is used.
8. This language will be included only when Dependent Child coverage is included.

Family Leave Benefit Rider – Version 2 (A30405NUFIC) This benefit will be used when: (a) the disabled person is the Insured, or the Insured Spouse, or an Immediate Family Member (Immediate Family Member means the spouse, mother, father, mother-in-law, father-in-law, grandparent, sibling, sibling-in-law, or child); **AND** (b) the Caregiver (who is the Insured, the Insured Spouse, or an Immediate Family Member (Immediate Family Member means the spouse, mother, father, mother-in-law, father-in-law, grandparent, sibling, sibling-in-law, or child)) takes an unpaid leave of absence or resigns to provide Continuous Care to the Disabled Person.

1. This language will be included only when Dependent Spouse Coverage applies.
2. If this benefit is limited to Insureds under a certain age, reference to an age limit will be included.
3. The Policyholder may choose to limit this benefit to disability of an Insured, Insured Spouse or an Immediate Family Member or may choose to include disability of an Insured, Insured Spouse and Immediate Family Member. In which case, only the appropriate references will be reflected.
4. This language will be included only if disability of an immediate family member is elected.
5. This language will be included only when disability of an Insured or Insured Spouse is elected.
6. This language will be included when disability can apply to an Insured Spouse or an Immediate Family Member.
7. This language will be included for all disability options except when resignation or leave of absence of an Insured is the only option is elected.
8. This language will be included when the 'occupational' definition of Disabled/Disability is used.
9. This language will be included when both the 'occupational' and 'non-occupational' definition of Disabled/Disability is used.
10. This language will be included when the 'non-occupational' definition of Disabled/ Disability is used.
11. The age limit will vary.
12. This language will be included only when Dependent Child coverage is included.
13. This language will be included or excluded.

Intensive Care Unit Benefit Rider (A30406NUFIC)

1. The waiting period and pre-existing conditions limitations provisions will be included or excluded and only if sickness benefits are included.
2. This language will be included if sickness benefits are included.

Recuperation Accident Single Payment Benefit Rider (A30407NUFIC)

1. This language will be included if this benefit is offered retroactively to the first day of confinement.
2. The range will be deleted if the elimination period is one day.
3. This language will be included if this benefit is paid only after the elimination period.

Recuperation Sickness Single Payment Benefit Rider (A30408NUFIC)

1. This language will be included if a waiting period is included.
2. This language will be included if a waiting period is not included.
3. This language will be included if this benefit is designed to be retroactively to the first day of confinement.
4. The range will be deleted if the elimination period is one day.
5. This language will be included if this benefit is paid only after the elimination period.
6. This provision may be included or excluded.

Total Temporary Disability Accident Benefit Rider (A30409NUFIC)

1. The benefit offset sources will be included or excluded.

Group Accident Insurance Policy A30396NUFIC et al
Explanation of Variables

2. The Benefit Offsets provision will be included or excluded.
3. This language will be included when an 'own occupation' definition of Temporarily Totally Disabled is selected.
4. This language will be included when an 'any occupation' definition of Temporarily Totally Disabled is selected.
5. This language will be included when a 'non-occupational' definition of Temporarily Totally Disabled is selected in connection with either an 'own occupation' or 'any occupation' definition of Temporarily Totally Disabled.

Total Temporary Disability Sickness Benefit Rider (A30410NUFIC)

1. The waiting period language will be included or excluded.
2. The benefit offset sources will be included or excluded.
3. The Benefit Offsets provision will be included or excluded.
4. The Pre-existing Condition Limitation provision will be included or excluded.
5. This language will be included when an 'own occupation' definition of Temporarily Totally Disabled is included in the plan design.
6. This language will be included when an 'any occupation' definition of Temporarily Totally Disabled is included in the plan design.
7. This language will be included when a 'non-occupational' definition of Temporarily Totally Disabled is included in the plan design in connection with either an 'own occupation' or 'any occupation' definition of Temporarily Totally Disabled.

Tuition Benefit Rider (A30411NUFIC)

1. The reference to Children or coverage for the Children will be inserted if the Tuition Benefit is to be available to the Insured's Children.
2. The reference to Spouse or coverage for the Spouse will be inserted if the Tuition Benefit is to be available to the Insured's Spouse.
3. Reference to "or Insured Spouse" will be included only when a benefit will be paid due to an Insured Spouse's accidental death as well as the Insured's accidental death.
4. This language will be removed when only the Children's benefit or only the Spouse benefit is included.
5. This language will be included when the total amount of the benefit is to be expressed as a percentage of the Accidental Death Maximum Amount or as a flat Tuition Benefit Maximum Amount. Only one of these items will be included, not both.
6. The inclusion of language regarding a lump sum benefit if there is no Insured Dependent Child will be included or excluded.
7. The language regarding paying a benefit for the Spouse to enrich their ability to earn a living will be included or deleted based on plan design.
8. The inclusion of language regarding a lump sum benefit if there is no eligible Spouse will be included or excluded.

State:	Arkansas	Filing Company:	National Union Fire Insurance Company of Pittsburgh, Pa.
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Direct Marketing		
Project Name/Number:	GAP 2012/A30396NUFIC-AR		

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/12/2012	Form	Group Accident [and Sickness] Policy	10/16/2012	A30396NUFIC-Pol.pdf (Superceded)
09/12/2012	Form	Group Accident [and Sickness] Insurance Certificate	10/16/2012	A30397NUFIC-Cert .pdf (Superceded)

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXX]

GROUP ACCIDENT [AND SICKNESS]¹ INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Master Application. [This Policy provides accident [and Sickness]¹ insurance to Insured Persons while they are participating in a Covered Activity or Covered Activities.]²

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy and in the individual enrollment forms, if any. The Company agrees to provide the Benefits shown in the Benefit Schedule to Insured Persons in accordance with the provisions and conditions of this Policy.

This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect [until the Policy Termination Date]³ as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. [After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates set by the Company at the time of renewal.]⁴

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

THIS IS AN ACCIDENT [ONLY]⁵ [AND SICKNESS]¹ POLICY. [IT DOES NOT COVER SICKNESS OR DISEASE]⁵

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DEFINITIONS

Any capitalized terms in this Policy, Master Application and any riders, endorsements, or other attached papers are to be given the meanings as ascribed in this section or as later defined.

[Age - means the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.]¹

Benefit Schedule – means the Benefit Schedule as shown in the Master Application.

[Common Carrier – means a vehicle in which an Insured Person is a passenger at the time of the accident and which vehicle is duly licensed by a proper authority to transport passengers for a fee. Common Carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. A taxi is not a Common Carrier vehicle.]²

[Covered Activity (ies) - means those activities set out in the Covered Activities section of the Master Application with respect to which Insured Persons are provided accident insurance under this Policy.]¹

[Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.]³

[Domestic Partner – means [an opposite]⁴ [or]⁵ [same]⁶ sex partner who has met all of the following requirements for at least 12 months: (1) resides with You; (2) shares financial assets and obligations with You; (3) is not related by blood to You to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which he or she resides; and (5) neither You or the Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]⁷

[Eligible Spouse – means Your legal spouse [or Domestic Partner]⁷.]⁸

[Eligible Dependent – means an Eligible Spouse [or Eligible Dependent Child]⁹.]⁸

[Eligible Dependent Child – means Your unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in Your home, under age [[19-27]¹⁰] [(23 -29)¹⁰ if attending an accredited institution of higher learning on a full time basis)]¹⁰ and primarily dependent on You for support and maintenance.]⁸

[Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.]³

[Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).]¹¹

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under this Policy is in force; (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other excluded cause) causes a covered loss[; and (3) which occurs while such person is participating in a Covered Activity].¹²

[Inpatient] - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.]³

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid when due; (3) while covered under this Policy; and (4) who has enrolled for coverage under this Policy, if required. [However, an Insured does not include any person covered under this Policy solely as an Insured Dependent.]⁹

[Insured Dependent] – means Your [Insured Spouse]⁹ [or]¹³ [Insured Dependent Child]⁹.⁸

[Insured Dependent Child] - means Your Eligible Dependent Child: (1) whom You have elected to cover under this Policy; (2) for whom premium has been paid when due; and (3) while covered under this Policy.]⁸

Insured Person – means the Insured [or an Insured Dependent]⁹.

[Insured Spouse] – means Your Eligible Spouse; (1) whom You have elected to cover under this Policy; (2) for whom premium has been paid when due; and (3) while covered under this Policy.]⁸

[Medically Necessary] – means that confinement as an In-patient in a Hospital is: (1) essential for the diagnosis, treatment and care of the Injury[or Sickness]¹⁵; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.]³

[Motor Vehicle] – means, a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less[, which is not licensed to carry passengers for hire]¹. Motor Vehicle does not include boats, All Terrain Vehicles or snowmobiles.]¹⁴

[Physician] - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; or 2) an Immediate Family Member.]¹

[Sickness] – means an illness or disease which is diagnosed or treated by a Physician.]¹⁵

You, Your – means the Insured.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. [The Company may terminate this Policy by giving 30 days advance notice in writing to the Policyholder.]¹ [Either the Company or the Policyholder may terminate this Policy on any premium due date by giving 30 days advance written notice to the other party.]² This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on [the earlier of: (1)]³ [the Policy Termination Date shown in the Master Application]⁴; or (2)]³ the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. Your coverage under this Policy begins on the latest of: (1) this Policy Effective Date; (2) the date for which the first premium for Your coverage is paid when due; (3) the date You become a member of an eligible class of persons[, other than as an Eligible Dependent,]¹ as described in the Classification of Eligible Persons section of the Master Application; (4) if individual enrollment is required, the date [written]² enrollment is received [by this Policyholder]³; or (5) the Coverage Effective Date shown in the Master Application.

[A change in Your coverage under this Policy becomes effective on the latest of: (1) when the change occurs; (2) if the change requires a change in premium, the date the first changed premium is paid when due; [or] (3) if individual enrollment for the change is required, the date the [written enrollment form requesting the]² change is received [by this Policyholder]³ [; or (4) (*description of first-of-month effective date, actively at work requirement, etc.*)]⁴. However, a change in coverage applies only with respect to accidents [or Sicknesses]⁸ that occur after the change becomes effective.]⁵

Termination Date. Your coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated[(unless the Company and this Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums)]⁵; (2) the premium due date if premiums are not paid when due; (3) the date You cease to be a member of any eligible class(es) of persons, as described in the Classification of Eligible Persons section of the Master Application [; or] (4) the date You request, in writing, that Your coverage be terminated[; or] [(5) any Coverage Termination Date specified in the Master Application]⁶; or (6) the date You attain Age [70, 75, 80]].⁷

Termination of coverage will not affect a claim for a covered loss that occurred while Your coverage was in force under this Policy.

[INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. Your Eligible Dependent's coverage under this Policy begins on the latest of: (1) the date Your coverage under this Policy begins, (2) the date the first premium for the Eligible Dependent's coverage is paid when due; [or] (3) the date the person becomes an Eligible Dependent; or 4) if individual enrollment is required, the date Your [written]² enrollment is received [by the Policyholder]³.

[If a husband and wife are both eligible to enroll for coverage under this Policy, one, but not both, may purchase Insured Dependent coverage. The other spouse may elect individual coverage only.]⁵

[A change in an Insured Dependent's coverage under this Policy become(s) effective on the latest of: (1) when the change occur(s); (2) if the change requires a change in premium, the date the first changed premium is paid when due; [or] (3) if individual enrollment for the change is required, the date the [written enrollment form

requesting the² change is received [by the Policyholder]³ [or (4) *description of first-of-month effective date, etc.*]⁴. However, a change in coverage applies only with respect to accidents [or Sicknesses]⁸ that occur after the change becomes effective.]⁵

Termination Date. An Insured Dependent's coverage under this Policy ends on the earliest of: (1) the date Your coverage under this Policy ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; (3) the date You request, in writing, that coverage for the Insured Dependent be terminated; [or] (4) the date the Insured Dependent ceases to meet the definition of an Eligible Dependent[; or] [(5) any Coverage Termination Date specified in the Master Application]⁶ [; or (6) the date the Insured Dependent attains Age [70, 75, 80]]⁷

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured Dependent's coverage was in force under this Policy.]¹

[Continuation Due to Incapacity of an Insured Dependent Child

Your Insured Dependent Child who is covered under this Policy before reaching the age limit specified in the definition of Eligible Dependent Child, who is incapable of self-sustaining self support by reason of mental or physical incapacity, and who is primarily dependent on You for support and maintenance, may continue to be insured under this Policy beyond that age limit for as long as Your coverage is in force, but only if the Insured Dependent Child remains continuously covered under this Policy. The Company may request that You submit satisfactory proof of the Insured Dependent Child's incapacity and dependency to the Company within 60 days before the Insured Dependent Child reaches the age limit specified in the definition of Eligible Dependent Child. If You fail to furnish the requested proof before the Insured Dependent Child reaches the age limit, coverage for the Insured Dependent Child will not be extended past the age limit. If coverage is extended, the Company may request that You submit satisfactory proof of the Insured Dependent Child's continued incapacity and dependency to the Company on an annual basis. If You fail to furnish the requested proof within 31 days of the request, coverage for the Insured Dependent Child will terminate at the end of that 31 day period.]⁹

[Right to Continue Dependent Coverage

If You have Dependent coverage in effect on the date of the accident that causes Your death and You are survived by Your Insured Spouse [who is under age [70, 75, 80]]⁷, coverage may continue under this Policy for all Insured Dependent(s) Any continuation will be subject to all other Policy terms and conditions.

If on the date of Your death, there is no Insured Spouse, coverage will end for all Insured Dependent(s) at the end of the period for which any premium has been paid for such Insured Dependent(s).

Insured Dependent Coverage will be continued until the earliest of:

- (1) the end of the period for which any premium has been paid;
- (2) the date we receive a request, in writing, that coverage for any/all Insured Dependent(s) be terminated;[
[or]
- (3) for an Insured Dependent Child, the date that child ceases to meet the definition of an Eligible Dependent [unless eligible under the Continuation Due to Incapacity of an Insured Dependent Child provision. If applicable, the Insured Spouse will need to provide the Company with satisfactory proof as outlined in the Continuation Due to Incapacity of an Insured Dependent Child provision]⁹]⁹ [; or
- (4) the date Your Insured Spouse remarries]⁵.

[In the event an Insured Dependent, whose coverage is being extended under this provision suffers a loss for which a benefit is payable under this Policy, the Insured Dependent's benefit will be determined based on the coverage in effect on the date of the accident which caused Your death.]⁵]⁹

[Right to Continue Coverage

[Option 2]

If coverage for any Insured Person terminates for any reason except for non-payment of premium or termination of this Policy, that Insured Person may elect to continue coverage [provided he or she has not attained age [70, 75, 80]]⁷. To elect continued coverage, the Insured Person must notify the Company and pay the required premium within 31 days of the date coverage would otherwise terminate.

Coverage continued under this provision is subject to all other provisions and limitations of this Policy. In no event will coverage continue beyond:

1. the date this Policy terminates; [or]
2. the last period for which premium is paid[; or
3. the Coverage Termination Date specified in the Master Application]⁶,
whichever occurs first.]⁵

POLICY PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. [The Company may change the required premiums due on any [premium due date]¹[premium due date on or after the [first]² Policy anniversary date, as measured annually from the Policy Effective Date,]¹[Policy anniversary date, as measured annually from the Policy Effective Date,]¹[Policy anniversary date after the [first]² Policy anniversary date, as measured annually from the Policy Effective Date,]¹ by giving the Policyholder at least 31 days advance written notice.]³[The Company may change the required premiums as a condition of any renewal of this Policy.]⁴ The Company may also change the required premiums at any time when any change in coverage affecting premiums is made in this Policy.(Any such change in this Policy will not take effect until any required additional premium is received by the Company, except as otherwise agreed to in writing by the Company and the Policyholder.)

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first premium. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

INSURED'S PREMIUM

Premiums. The Company provides insurance in return for premium payments.[The premium shown in the Schedule is payable to the Company in the manner described in the Master Application.]¹ The Company may change the required premiums due by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in this Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first premium. An Insured Person's coverage will not be terminated for nonpayment of premium during the Grace Period if all premiums due are paid by the last day of the Grace Period. An Insured Person's coverage will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the Grace Period.

No Grace Period will be provided if the Company receives notice to terminate the Insured Person's coverage under this Policy prior to a premium due date.

BENEFITS

Maximum Amount. As applicable to each Benefit provided by this Policy for each Insured Person, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured Person's class in the Benefit Schedule[, subject to the Reduction Schedule shown in the Limitations section]¹. [However, if the [individual enrollment form, or]² Master Application describes several choices of maximum amounts for that Benefit for the Insured Person's eligible class, the Insured Person's maximum amount for that Benefit is the amount You select on Your written enrollment form[, subject to the Reduction Schedule shown in the Limitations section]¹.]³ [Any change in Your selection of a maximum amount becomes effective as described in the Insured's Effective and Termination Dates section.]³ [Any change in the selection of an Insured Dependent's maximum amount becomes effective as described in the Insured Dependent's Effective and Termination Dates section.]⁴

[Benefit Escalator. The Maximum Amount shown in the Benefit Schedule [for all benefits]⁵ [for the benefits listed below]⁶ for each Insured Person who remains continuously covered under this Policy will be increased every [3, 6, 12] Policy Months for [12, 18, 24, 30, 36, 60, 120] Policy Months from the Insured Person's coverage effective date by a dollar amount equal to the Escalator Percentage of the Maximum Amount that was in force on this Policy Effective Date. The increase will be simple, not compound, increase. [The increased Maximum Amount is subject to the Reduction Schedule provision as shown in the Limitations section.]⁷ Policy Months are measured from the month and day of the Insured Person's coverage effective date.

<i>Benefit</i>	<i>Escalator Percentage</i>
[All Benefits] ⁵	[5, 10, 15, 20, 25]%
Accidental Death	[5, 10, 15, 20, 25]%
Accidental Dismemberment	[5, 10, 15, 20, 25]%
Accident Medical Expense	[5, 10, 15, 20, 25]%
Day Care	[5, 10, 15, 20, 25]%
Dislocations and Fractures	[5, 10, 15, 20, 25]%
Emergency Transportation	[5, 10, 15, 20, 25]%
Emergency Treatment	[5, 10, 15, 20, 25]%
Family Leave	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Single Payment	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Single Payment	[5, 10, 15, 20, 25]%
Intensive Care Unit	[5, 10, 15, 20, 25]%
Physician Office Visits Indemnity	[5, 10, 15, 20, 25]%
Recuperation Accident Single Payment	[5, 10, 15, 20, 25]%
Recuperation Sickness Single Payment	[5, 10, 15, 20, 25]%
Total Temporary Disability Accident	[5, 10, 15, 20, 25]%
Total Temporary Disability Sickness	[5, 10, 15, 20, 25]%
Tuition	[5, 10, 15, 20, 25]%
[Additional Rider	[5, 10, 15, 20, 25]%] ⁸ ⁹

[Accidental Death Benefit

If Injury to an Insured Person results in death[within [90,120,180, 365] days of the date of the accident that caused the Injury]¹⁰, the Company will pay 100% of the Accidental Death Maximum Amount shown in the Benefit Schedule.

Exposure and Disappearance

If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within [6 months; 1 year] of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.]⁹

[Accidental Dismemberment Benefit

If Injury to the Insured Person results[, within [90,120,180, 365] days of the date of the accident that caused the Injury,]¹⁰ in any one of the Losses specified below, the Company will pay the percentage shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

<u>For Loss of</u>	<u>Percentage of Maximum Amount</u>
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
[Speech and Hearing in Both Ears	100%] ³
One Hand or One Foot	50%
The Sight of One Eye	50%
[Speech or Hearing in Both Ears	50%] ³
[Hearing in One Ear	25%] ³
[Thumb and Index Finger of Same Hand	25%] ³

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. [“Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak.]³ “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.]³

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.]⁹

[In-Hospital Indemnity Daily Benefit

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [for each day] [after 1,2,3,4,5,6,7,8,14] day(s) of Medically Necessary Day(s) of Confinement due to that Injury[, retroactive to the first Day of Confinement]¹¹. No benefit is provided for [the first[2,3,4,5,6,7,8,14]¹² Day(s) of Confinement or for]¹³ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Daily Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. The benefit is payable [monthly/weekly]¹⁴ up to the Maximum Number of Days shown for the In-Hospital Indemnity

Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one In-Hospital Indemnity Daily Benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Period of Confinement, as used in this Benefit - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.⁹

[In-Hospital Indemnity Sickness Daily Benefit

If[, after an Insured Person has been covered under this Policy for at least [30,90,180,270,365] consecutive days and that]¹⁵ [an]¹⁶ Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit after [1,2,3,4,5,6,7,8,14] consecutive day(s) of Medically Necessary Day(s) of Confinement due to that Sickness[, retroactive to the [first] Day of Confinement]¹⁷. No benefit is provided for [the first[2,3,4,5,6,7,8,14]¹⁸ Day(s) of Confinement or for]¹⁹ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Daily Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness. The benefit is payable [monthly/weekly]¹⁴ up to the Maximum Number of Days shown for the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one In-Hospital Indemnity Sickness Daily Benefit is provided for any one Day of Confinement, regardless of the number of Sicknesses for which the confinement is required. The Maximum Number of In-Hospital Indemnity Sickness Daily Benefits Payable during the lifetime of the Insured Person is shown in the Benefit schedule.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.²⁰

[Termination. Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].²¹

Period of Confinement, as used in this Benefit, means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.

If the same Insured Person is again confined due to the same Sickness or a new Sickness and such successive confinement is separated from the admission date for the first confinement by at least [60,90,120] days and the Insured Person has not been paid the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit for previous Medically Necessary Days of Confinement, benefits will continue to be payable under this benefit for the same Sickness or a new Sickness in accordance with the requirements specified above until the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Scheduled have been paid for that Insured Person. Once this Maximum Number of Days has been reached, no benefits are payable for any additional confinements due to Sickness for the lifetime of the Insured Person.

Exclusions. In addition to the Exclusions in the Exclusions section of this Policy, and any amendment thereto, In-Hospital Indemnity Sickness Daily benefits are not payable for Hospital confinement due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁹

[In-Hospital Indemnity Single Payment Benefit

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [15,30,60,90] consecutive day(s) of]²² [as shown in the Benefit Schedule for]²³ Medically Necessary Day(s) of Confinement due to that Injury. No benefit is provided if the Insured Person is confined for less than [15,30,60,90] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Single Payment Maximum Amount shown in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one In-Hospital Indemnity Single Payment Benefit is provided for any one accident per Insured Person regardless of the number of Injuries for which the confinement is required or the number of times the Insured Person must be confined due to Injuries resulting from the same accident. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one In-Hospital Indemnity Single Payment Maximum Amount will be paid.]²³ The Maximum Number of In-Hospital Indemnity Single Payment Benefits Payable during the lifetime of the Insured Person is shown in the Benefit Schedule.]⁹

[In-Hospital Indemnity Sickness Single Payment Benefit

If[, after an Insured Person has been covered under this Policy for at least [30,90,180,270,365] consecutive days and that]¹⁵ [an]¹⁶ Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [15, 30, 60, 90] consecutive day(s) of]²⁴ [as shown in the Benefit Schedule for]²⁵ Medically Necessary Day(s) of Confinement due to that Sickness. No benefit is provided if the Insured Person is confined for less than [15, 30, 60, 90] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Single Payment Maximum Amount shown in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one In-Hospital Indemnity Sickness Single Payment Maximum Amount will be paid.]²⁵ The Maximum Number of In-Hospital Indemnity Sickness Single Payment Benefits Payable during the lifetime of the Insured Person is shown in the Benefit Schedule.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]²⁰

[Termination. Coverage under this Benefit does not apply to Sicknesses which occur after the Insured Person's attained age [65, 70, 75, 80].]²¹

Exclusions. In addition to the Exclusions in the Exclusions section of this Policy, and any amendment thereto, In-Hospital Indemnity Sickness Single Payment benefits are not payable for Hospital confinement due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁹

[Physician's Office Visits Indemnity Benefit

If[, after an Insured Person has been covered under this Policy for at least [30,90,180,270,365]²⁶ consecutive days,]²⁷ the Insured Person visits a Physician's office for treatment [of: [Routine Well Care]²⁸ [or] [an Injury]²⁹ [or] [a Sickness]³⁰⁻³¹] while the Insured Person's coverage under this Benefit is in force, the Company will pay a benefit equal to the Benefit Amount Per Visit shown in the Benefit Schedule, subject to the Maximum [and Combined Maximum]³² Number of Visits and the Maximum [and Combined Maximum]³³ Benefit Amount shown in the Benefit Schedule. [No benefit is payable if an Insured Person does not incur a Physician's office visit fee.]³⁴ [The Lifetime Maximum Number of Visits is shown in the Benefit Schedule.]³⁵ [The Lifetime Maximum Benefit Amount is shown in the Benefit Schedule.]³⁶

[Termination Date. Coverage under this Benefit ends on [the earlier of:] [(1)] the date the [Lifetime Maximum Number of Visits [or]the Lifetime Maximum Benefit Amount]³⁷ shown in the Benefit Schedule is met;]³⁸ [or] [(2)] [(1-5)]³⁹ years]⁴⁰ [(12-60)]³⁹ months]⁴⁰ from the Insured Person's effective date of coverage under this Benefit.]⁴¹⁻⁴²

Definitions

[Routine Well Care – means a physical examination or appropriate immunization. Service must be under the supervision of or recommended by a Physician.]⁴³

[Sickness – means an illness or disease which is diagnosed or treated by a Physician after the effective date of coverage under this Policy.]⁴⁴

[Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁴⁵⁹

[INSURED'S LIMITATIONS]¹

[Limitation on Multiple Covered Activities. If an Insured Person's Injury occurs while participating in more than one Covered Activity for which the same Benefit applies, then the Maximum Amount for that Benefit will be determined as though the Injury occurred while the Insured Person was participating in the Covered Activity with the largest Maximum Amount for that Benefit.]⁴

[Limitation on Benefit Payments. The Maximum Amount payable under this Policy may be reduced if more than one Insured Person insured under this Policy suffers a loss as the result of the same accident, and if amounts are payable under one or more of the following Benefits provided by this Policy: [Accidental Death Benefit, Accidental Dismemberment Benefit, Accident Medical Expense Benefit, Day Care Benefit, Dislocations and Fractures Benefit, Emergency [Transportation] [and] [Treatment] Benefit, Family Leave Benefit, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Single Payment Benefit, In-Hospital Indemnity Sickness Daily Benefit, In-Hospital Indemnity Sickness Single Payment Benefit, Intensive Care Unit Benefit, Physician's Office Visits Indemnity Benefit, Recuperation Accident Single Payment Benefit, Recuperation Sickness Single Payment Benefit, Temporary Total Disability Accident Benefit, Temporary Total Disability Sickness Benefit, Tuition Benefit.]³ The Maximum Amount payable for all such losses for all Insured Persons insured under this Policy under all those Benefits combined will not exceed the amount shown as the Per Accident Maximum Amount in the Benefit Schedule. If the combined Maximum Amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Maximum Amount otherwise payable for each Insured Person or all such losses under all those Benefits combined.]⁴

[Reduction Schedule. An Insured Person who [is age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 8} [with respect to Sickness, is age [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury, is age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 9} or older on the date of the accident [or Sickness]² causing the loss will receive [50%]¹⁰ of the Maximum Amount for that benefit as shown in the Benefit Schedule. [An Insured Person age 75 or older on the date of the accident [or Sickness]² causing the loss will receive [25%]¹⁰ of the Maximum Amount for that benefit as shown in the Benefit Schedule.]¹¹

The Maximum Amount as referenced above is the Maximum Amount listed for an Insured Person who is under age [65, 70, 75]⁵ on the date of the accident [or Sickness]² causing the loss.

Premium for an Insured Person [age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 8} [, with respect to Sickness age [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 9} or older is based on 100% of the coverage that would be in effect if the Insured Person were under age [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 8} [, with respect to Sickness [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury [65, 70, 75]⁵ [65 – 74]⁶] ^{7, 9}.]⁴

INSURED'S EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury¹.

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury [or autoeroticism]¹.
2. sickness[, [or] disease[, mental incapacity or bodily infirmity]¹ whether the loss results directly or indirectly from [any]¹ [either]¹ of these.
3. the Insured Person's commission of or attempt to commit a [felony]¹ [crime]¹.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition [including but not limited to diabetes]¹.
5. declared or undeclared war, or any act of declared or undeclared war[, except if specifically provided by this Policy]¹.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft, unless specifically provided for under this Policy; or
 - c. riding as a passenger in an aircraft owned, leased or operated by this Policyholder or the Insured's employer[, unless specifically provided for under this Policy]¹.
8. the Insured Person being under the influence of intoxicants[, while operating any vehicle or means of transportation or conveyance]¹.
9. the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician.
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity [whether the loss results directly or indirectly from the treatment]¹.
11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
12. the Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
- [13. any loss incurred while outside the United States, its Territories or Canada.]¹

INSURED'S CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the Insured Person to the Company at [American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701]¹, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include Your name, the Insured Person's name, if different, this Policyholder's name and this Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the applicable Beneficiary Designation and Change provision.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured [Person suffering the loss]². If an Insured [Person]² dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the applicable Beneficiary Designation and Change provision.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

POLICY GENERAL PROVISIONS

Assignment. This Policy is non-assignable.

Certificates of Insurance. The Company will provide certificates of insurance for delivery to each Insured describing the coverage provided, any limitations, reductions, and exclusions applicable to the coverage, and to whom benefits will be paid.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

New Entrants. This Policy will allow from time to time, that new eligible Insureds of the Policyholder be added to the class(es) of Insureds originally insured under this Policy.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

INSURED'S GENERAL PROVISIONS

Assignment. You may not assign any of Your rights, privileges or benefits under this Policy.

Clerical Error. Clerical error, whether by this Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Entire Contract; Changes. This Policy, the Application(s), the Certificate, any individual Enrollment Forms, riders, endorsements and any other attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by this Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. After an Insured Person has been insured under this Policy for two year(s) during his lifetime, no statement made by You [or an Insured Dependent, if applicable]¹, except a fraudulent one, will be used to contest a claim under this Policy. The Company may only contest coverage if the misstatement is

made in a written instrument signed by You [or the Insured Dependent]¹ and a copy is given to the Policyholder, You, or the beneficiary.

Insured Beneficiary Designation and Change. Your designated beneficiary(ies) is (are) the person(s) so named by You as shown on the [Company's]²[Policyholder's]² records kept on this Policy.

If You are an Insured over the age of majority and legally competent, You may change Your beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the [Company]²[Policyholder]², with a written request for change. When the request is received by the [Company]²[Policyholder]², whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after Your death, [the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: Your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is Your estate.]³ [the beneficiary is Your estate.]³

[Insured Dependent's Beneficiary Designation and Change. The Insured Dependent's beneficiary is You unless You have named (a) different beneficiary(ies) for Your Insured Dependent's coverage as shown on the [Company's]²[Policyholder's]² records kept on this Policy.

If You are over the age of majority and legally competent, You may change the beneficiary designation for Your Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies), by providing the [Company]²[Policyholder]² with a written request for change. When the request is received by the [Company]²[Policyholder]² whether You or Your Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is Your estate.]¹

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

[Other Insurance in this Insurer. Insurance effective at any one time on an Insured Person under this Policy and another policy or policies providing the same type of benefits issued by the Company is limited to the one policy elected by the Insured Person, or the Insured Person's beneficiary or estate, as the case may be, and the Company will return all premiums paid for all other such policies.**]**⁴

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)

Administrator:
[123 Any Street]
[City, ST ZIP]
[(123) 456-7890]

Policyholder: [ABC Organization]
Policy Number: [XXXXXX]


Insured: [John Doe]
Customer Number: [XXXXX]

GROUP ACCIDENT [AND SICKNESS]¹ INSURANCE CERTIFICATE

ABOUT THIS CERTIFICATE. This certificate describes accident [and Sickness]¹ insurance the Company provides to Insured Persons under the Group Policy (herein called the Policy) issued to the Policyholder.

[RIGHT TO EXAMINE THIS CERTIFICATE. This certificate of insurance is issued to You, the Insured, and can be returned for any reason within [the later of: (1) [30 days after it is received by You]²; or (2) [30 days after Your Coverage Effective Date]². The certificate should be returned by mail or in person to the Company. Any premium paid will be refunded and the certificate will be treated as if it were never issued.]³

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Certificate:



President



Secretary

PLEASE READ THIS CERTIFICATE CAREFULLY.

THIS CERTIFICATE DESCRIBES ACCIDENT [ONLY]⁴ [AND SICKNESS]¹ COVERAGE. [NO COVERAGE IS PROVIDED FOR SICKNESS OR DISEASE.]⁴

[THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from this Company.]⁵

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SCHEDULE ¹

CLASSIFICATION OF ELIGIBLE PERSONS:

- [Class 1 All Accountholders of ABC Organization]
- [Class 2 Eligible Spouses of Class I Insureds]
- [Class 3 Eligible Dependent Child(ren) of Class 1 Insureds]

INSURED: [John Doe]

CUSTOMER NUMBER: [XXXXX]

COVERAGE EFFECTIVE DATE: [(mm/dd/yy)]

COVERAGE TERMINATION DATE: [(mm/dd/yy)]

[PREMIUM PAYMENTS:

[Monthly Premium: First [policy year][month][2-18 months] paid by [ABC Organization]

Monthly premium in month [X] and thereafter: \$XX.XX]

[Monthly, Quarterly, Semi-Annual, Annual] Premium: \$X.XX]

[COVERED ACTIVITIES:

1. 24 Hour Coverage. [(“24 Hour”)]²
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian. [(“Motor Vehicle”)]²
3. While riding as a fare-paying passenger on a Common Carrier. [(“Common Carrier”)]^{2,3}

BENEFIT SCHEDULE:

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[Accidental Death			
[Ages [64, 69, 74] and under] ^{4,5}	[\$1,000 – 500,000]	[\$1,000 – 500,000]	[\$1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$500 – 250,000]	[\$500 – 250,000]	[\$500 – 250,000]
[Age 75[and older] ⁶ [to termination] ⁷] ⁵	[\$250 – 125,000]	[\$250 – 125,000]	[\$250 – 125,000]
[24 Hour			
[Ages [64, 69, 74] and under] ^{4,5}	[\$1,000 – 500,000]	[\$1,000 – 500,000]	[\$1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$500 – 250,000]	[\$500 – 250,000]	[\$500 – 250,000]
[Age 75[and older] ⁶ [to termination] ⁷] ⁵	[\$250 – 125,000]	[\$250 – 125,000]	[\$250 – 125,000]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$1,000 – 500,000]	[\$1,000 – 500,000]	[\$1,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to			

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ Common Carrier [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵] ^{8,9}	\$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]	\$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]	\$[500 – 250,000] \$[250 – 125,000] \$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]
[Accidental Dismemberment			
[Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000]	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000]	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000]
[24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000]	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000]	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000]
Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000]	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000]	\$[1,000 – 500,000] \$[500 – 250,000] \$[250 – 125,000]
Common Carrier [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵] ^{8,9}	\$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]	\$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]	\$[1,000 – 2,000,000] \$[500 – 1,000,000] \$[250 – 500,000]
[Accident Medical Expense			
[Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]
[24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[50,000 – 2,000,000] \$[25,000 – 1,000,000] \$[12,500 – 500,000]
Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to	\$[50,000 – 2,000,000]	\$[50,000 – 2,000,000]	\$[50,000 – 2,000,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7,4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5} ⁸ [Deductible [Per Accident] ¹⁰ Amount (Non-Dental): \$[2,000 – 50,000] ¹⁰ [Per Insured Person in Class 1, 2 and 3 \$[5,000 – 50,000] ¹⁰ [Dental [Per Accident:] ¹⁰ [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7,4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5} ¹⁰ [Deductible [Per Accident] ¹⁰ Amount (Dental) : \$[100 – 1,000] ¹⁰ [Per Insured Person in Class 1, 2 and 3 \$[100 – 1,000] ^{10,9}	\$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[25,000 – 1,000,000] \$[12,500 – 500,000]	\$[25,000 – 1,000,000] \$[12,500 – 500,000]
[Day Care] [Percentage of Accidental Death Maximum Amount] ¹⁰ [One-time Lump Sum Amount:] ^{10,9}	\$[1,000-\$50,000] [2 – 50%] \$[1,000 - \$25,000]	\$[1,000-\$50,000] [2 – 50%] \$[1,000 - \$25,000]	\$[1,000-\$50,000] [2 – 50%] \$[1,000 - \$25,000]
[Dislocations] Fractures Maximum Dislocations/Fractures Benefit ⁹	See Benefit See Benefit \$[100 – 100,000]	See Benefit See Benefit \$[100 – 100,000]	See Benefit See Benefit \$[100 -100,000]
[Emergency Transportation] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7,4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5} [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7,4,5} [Age 75 [and older] ⁶ [to termination] ^{7,5} Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to	\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]	\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]	\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ⁸ [Maximum Number of Emergency Transportation Benefits per Insured Person per Calendar Year: [1-5]] ^{10,9}	\$[25 – 2,500] \$[25 – 1,250]	\$[25 – 2,500] \$[25 – 1,250]	\$[25 – 2,500] \$[25 – 1,250]
[Emergency Treatment] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ⁸ [If Admitted as an In-Patient [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ¹⁰ [Due to a Fracture [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ¹⁰ [For [all other] Injuries [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ ¹⁰ [Maximum Number of Emergency Treatment Benefits per Insured Person	\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]	\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]	\$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250] \$[25 – 5,000] \$[25 – 2,500] \$[25 – 1,250]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
per Calendar Year: [1-5]] ^{10,9}			
[Family Leave] Monthly Maximum Amount [Ages [64, 69, 74] and under] ^{4,5} \$[8,333.33] [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} \$[8,333.33] [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ \$[8,333.33] Maximum Number of Months: [12, 24, 36]] ⁹	[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount]	[[25, 50, 75]% of Annual Earnings of the Caregiver up to the Monthly Maximum Amount/No Benefit]
[In-Hospital Indemnity Daily] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ⁸ Maximum Number of Days: [30, 60, 90, 120, 180, 365]] ⁹	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]
[In-Hospital Indemnity Sickness Daily] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Maximum Number of Days: [30, 60, 90, 120, 180, 365]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]	\$[25 – 2, 500] \$[25 – 1,250] \$[25 – 625]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]] ⁹			
[In-Hospital Indemnity Single Payment			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[24 Hour			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
Motor Vehicle			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ⁸	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[Medically Necessary Confinement			
If Confined for:			
[15-29] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[30-59] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[60-89] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[90+] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ¹⁰	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]] ⁹			
[In-Hospital Indemnity Sickness Single]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[Medically Necessary Confinement If Confined for:			
[15-29] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁴ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[30-59] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[60-89] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
[90+] Consecutive Days:			
[Ages [64, 69, 74] and under] ^{4,5}	[\$5,000 – 500,000]	[\$5,000 – 500,000]	[\$5,000 – 500,000]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$2,500 – 250,000]	[\$2,500 – 250,000]	[\$2,500 – 250,000]
[Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ¹⁰	[\$1,250 – 125,000]	[\$1,250 – 125,000]	[\$1,250 – 125,000]
Maximum Number of Benefits Payable during the lifetime of the Insured Person: [one]] ⁹			
[Intensive Care Unit]			
[Ages [64, 69, 74] and under] ^{4,5}	[\$25 – 2, 500]	[\$25 – 2, 500]	[\$25 – 2, 500]
[Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5}	[\$25 – 1,250]	[\$25 – 1,250]	[\$25 – 1,250]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
termination ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵	\$[25 - 100] \$[25 – 50]	\$[25 - 100] \$[25 – 50]	\$[25 - 100] \$[25 – 50]
[-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [1-8]] ^{10,13}	[1-8]	[1-8]	[1-8]
[-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵] ⁴ [Per Family: \$[25 – 1,600]] ¹³ ¹²	\$[25 – 1,600] \$[25 - 800] \$[25 – 400]	\$[25 – 1,600] \$[25 - 800] \$[25 – 400]	\$[25 – 1,600] \$[25 - 800] \$[25 – 400]
[Sickness Related Visits Benefit Amount Per Visit: [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵	\$[25 - 200] \$[25 - 100] \$[25 – 50]	\$[25 - 200] \$[25 - 100] \$[25 – 50]	\$[25 - 200] \$[25 - 100] \$[25 – 50]
[-Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person:] ¹⁰ [Per Family: [1-8]] ^{10,13}	[1-8]	[1-8]	[1-8]
[-Maximum Benefit Amount [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Insured Person] ¹⁰ : [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7} ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷ ⁵ [Per Family: \$[25 – 1,600]] ¹³ ¹²	\$[25 – 1,600] \$[25 - 800] \$[25 – 400]	\$[25 – 1,600] \$[25 - 800] \$[25 – 400]	\$[25 – 1,600] \$[25 – 400] \$[25 - 800]
[Combined Maximum Number of Visits [Per Calendar [Month] ¹¹ [Quarter] ¹¹ [Year] ¹¹ ¹⁰ [Per [1-12] months] ¹⁰ [Per Family] ¹⁰ : [1-8]] ¹³	[1-8]	[1-8]	[1-8]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
<p>[Combined Maximum Benefit Amount [Per Calendar [Month]¹¹ [Quarter]¹¹ [Year]^{11,10} [Per [1-12] months]¹⁰ [Per Family]¹⁰: \$[25 – 1, 600]]^{10,13}</p> <p>[Lifetime Maximum Number of Visits for all Physician Office Visits [Per Insured Person:]¹⁰ [Per Family: [1-60]]^{10,13}</p> <p>[Lifetime Maximum Benefit Amount for all Physician Office Visits [Per Insured Person]¹⁰ [Per Family: \$[25 – 12,000]]^{10,13,9}</p>			
<p>[Recuperation Accident Single Payment</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]^{7,5}</p> <p>[24 Hour [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]^{7,5}</p> <p>Motor Vehicle [Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]^{7,5}]⁸</p> <p>Maximum Number of Days: [30, 60, 90]]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p> <p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>
<p>[Recuperation Sickness Single Payment</p> <p>[Ages [64, 69, 74] and under]^{4,5} [Ages [65, 70, 75]⁴ [65 - 74]⁵ [to termination]^{4,7}]^{4,5} [Age 75 [and older]⁶ [to termination]^{7,5}</p> <p>Maximum Number of Days: [30, 60, 90]]⁹</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>	<p>\$[25 – 2, 500]</p> <p>\$[25 – 1,250]</p> <p>\$[25 – 625]</p>

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[Temporary Total Disability Accident] Elimination Period: [30,60,90] consecutive days Maximum Number of Months Payable: [1-24] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ [24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵ Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵] ^{8,9}	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250] \$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]
[Temporary Total Disability Sickness] Elimination Period: [30,60,90] consecutive days Maximum Number of Months Payable: [1-24] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ^{5,9}	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]	\$[500-5,000] \$[250 – 2,500] \$[125 – 1,250]
[Tuition] [Percentage of Accidental Death Maximum Amount] ¹⁰ [One-time Lump Sum Amount] ¹⁰] ⁹	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]	\$[1,000 - 50,000] [2-50%] \$[1,000 - 25,000]
[Additional Rider] [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]

BENEFIT	Maximum Amount		
	[Class 1]	[Class 2]	[Class 3]
[24 Hour [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ⁵	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]
Motor Vehicle [Ages [64, 69, 74] and under] ^{4,5} [Ages [65, 70, 75] ⁴ [65 - 74] ⁵ [to termination] ^{4,7}] ^{4,5} [Age 75 [and older] ⁶ [to termination] ⁷] ^{5,8,14}	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]	\$[XXXX] \$[XXXX] \$[XXXX]

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in this Certificate.

[Per Accident] Maximum Amount [\$XXXX].¹⁵

DEFINITIONS

Any capitalized terms in this Certificate and any riders, endorsements, or other attached papers are to be given the meanings as ascribed in this section or as later defined.

[Age - means the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.]¹

[Common Carrier – means a vehicle in which an Insured Person is a passenger at the time of the accident and which vehicle is duly licensed by a proper authority to transport passengers for a fee. Common Carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. A taxi is not a Common Carrier vehicle.]²

[Covered Activity (ies) - means those activities set out in the Covered Activities section of the Schedule with respect to which Insured Persons are provided accident insurance under the Policy.]¹

[Day(s) of Confinement - means a day of Hospital confinement as an Inpatient.]³

[Domestic Partner – means [an opposite]⁴ [or]⁵ [same]⁶ sex partner who has met all of the following requirements for at least 12 months: (1) resides with You; (2) shares financial assets and obligations with You; (3) is not related by blood to You to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which he or she resides; and (5) neither You or the Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]⁷

[Eligible Spouse – means Your legal spouse [or Domestic Partner]⁷.]⁸

[Eligible Dependent – means an Eligible Spouse [or Eligible Dependent Child]⁹.]⁸

[Eligible Dependent Child – means Your unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in Your home, under age [[19-27]¹⁰] [(23 -29)¹⁰ if attending an accredited institution of higher learning on a full time basis)]¹⁰ and primarily dependent on You for support and maintenance.]⁸

[Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by or under the supervision of registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.]³

[Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).]¹¹

[Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident and that occurs while the injured person's coverage under the Policy is in force; (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other excluded cause) causes a covered loss; and (3) which occurs while such person is participating in a Covered Activity.]¹²

[Inpatient - means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless the Insured Person is confined as an

Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.]³

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Schedule; (2) for whom premium has been paid when due; (3) while covered under the Policy; and (4) who has enrolled for coverage under the Policy, if required. [However, an Insured does not include any person covered under the Policy solely as an Insured Dependent.]⁹

[Insured Dependent – means Your [Insured Spouse]⁹ [or]¹³ [Insured Dependent Child]⁹.]⁸

[Insured Dependent Child - means Your Eligible Dependent Child: (1) whom You have elected to cover under the Policy; (2) for whom premium has been paid when due; and (3) while covered under the Policy.]⁸

Insured Person – means the Insured [or an Insured Dependent]⁹.

[Insured Spouse – means Your Eligible Spouse; (1) whom You have elected to cover under the Policy; (2) for whom premium has been paid when due; and (3) while covered under the Policy.]⁸

[Medically Necessary – means that confinement as an In-patient in a Hospital is: (1) essential for the diagnosis, treatment and care of the Injury[or Sickness]¹⁵; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.]³

[Motor Vehicle – means, a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less[, which is not licensed to carry passengers for hire]¹. Motor Vehicle does not include boats, All Terrain Vehicles or snowmobiles.]¹⁴

[Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; or 2) an Immediate Family Member.]¹

[Sickness – means an illness or disease which is diagnosed or treated by a Physician.]¹⁵

You, Your – means the Insured.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. Your coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for Your coverage is paid when due; (3) the date You become a member of an eligible class of persons[, other than as an Eligible Dependent,]¹ as described in the Classification of Eligible Persons section of the Schedule; (4) if individual enrollment is required, the date [written]² enrollment is received [by the Policyholder]³; or (5) the Coverage Effective Date shown in the Schedule.

[A change in Your coverage under the Policy becomes effective on the latest of: (1) when the change occurs; (2) if the change requires a change in premium, the date the first changed premium is paid when due; [or] (3) if individual enrollment for the change is required, the date the [written enrollment form requesting the]² change is received [by the Policyholder]³ [; or (4) (*description of first-of-month effective date, actively at work requirement, etc.*)].⁴ However, a change in coverage applies only with respect to accidents [or Sickneses]⁸ that occur after the change becomes effective.]⁵

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated[(unless the Company and the Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums)]⁵; (2) the premium due date if premiums are not paid when due; (3) the date You cease to be a member of any eligible class(es) of persons, as described in the Classification of Eligible Persons section of the Schedule[; or] (4) the date You request, in writing, that Your coverage be terminated[; or] [(5) any Coverage Termination Date specified in the Schedule]⁶[; or (6) the date You attain Age [70, 75, 80]].⁷

Termination of coverage will not affect a claim for a covered loss that occurred while Your coverage was in force under the Policy.

[INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. Your Eligible Dependent's coverage under the Policy begins on the latest of: (1) the date Your coverage under the Policy begins, (2) the date the first premium for the Eligible Dependent's coverage is paid when due; [or] (3) the date the person becomes an Eligible Dependent; or (4) if individual enrollment is required, the date Your [written]² enrollment is received [by the Policyholder]³.

[If a husband and wife are both eligible to enroll for coverage under the Policy, one, but not both, may purchase Insured Dependent coverage. The other spouse may elect individual coverage only.]⁵

[A change in an Insured Dependent's coverage under the Policy become(s) effective on the latest of: (1) when the change occur(s); (2) if the change requires a change in premium, the date the first changed premium is paid when due; [or] (3) if individual enrollment for the change is required, the date the [written enrollment form requesting the]² change is received [by the Policyholder]³ [or (4) (*description of first-of-month effective date, etc.*)].⁴ However, a change in coverage applies only with respect to accidents [or Sickneses]⁸ that occur after the change becomes effective.]⁵

Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of: (1) the date Your coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; (3) the date You request, in writing, that coverage for the Insured Dependent be terminated; [or] (4) the date the Insured Dependent ceases to meet the definition of an Eligible Dependent[; or] [(5) any Coverage Termination Date specified in the Schedule]⁶ [; or (6) the date the Insured Dependent attains Age [70, 75, 80]].⁷

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured Dependent's coverage was in force under the Policy.]¹

[Continuation Due to Incapacity of an Insured Dependent Child

Your Insured Dependent Child who is covered under the Policy before reaching the age limit specified in the definition of Eligible Dependent Child, who is incapable of self-sustaining self support by reason of mental or physical incapacity, and who is primarily dependent on You for support and maintenance, may continue to be insured under the Policy beyond that age limit for as long as Your coverage is in force, but only if the Insured Dependent Child remains continuously covered under the Policy. The Company may request that You submit satisfactory proof of the Insured Dependent Child's incapacity and dependency to the Company within 60 days before the Insured Dependent Child reaches the age limit specified in the definition of Eligible Dependent Child. If You fail to furnish the requested proof before the Insured Dependent Child reaches the age limit, coverage for the Insured Dependent Child will not be extended past the age limit. If coverage is extended, the Company may request that You submit satisfactory proof of the Insured Dependent Child's continued incapacity and dependency to the Company on an annual basis. If You fail to furnish the requested proof within 31 days of the request, coverage for the Insured Dependent Child will terminate at the end of that 31 day period.]⁹

[Right to Continue Dependent Coverage

If You have Dependent coverage in effect on the date of the accident that causes Your death and You are survived by Your Insured Spouse [who is under age [70, 75, 80]]⁷, coverage may continue under the Policy for all Insured Dependent(s). Any continuation will be subject to all other Policy terms and conditions.

If on the date of Your death, there is no Insured Spouse, coverage will end for all Insured Dependent(s) at the end of the period for which any premium has been paid for such Insured Dependent(s).

Insured Dependent Coverage will be continued until the earliest of:

- (1) the end of the period for which any premium has been paid;
- (2) the date we receive a request, in writing, that coverage for any/all Insured Dependent(s) be terminated; [or]
- (3) for an Insured Dependent Child, the date that child ceases to meet the definition of an Eligible Dependent [unless eligible under the Continuation Due to Incapacity of an Insured Dependent Child provision. If applicable, the Insured Spouse will need to provide the Company with satisfactory proof as outlined in the Continuation Due to Incapacity of an Insured Dependent Child provision]⁹];⁹ or
- (4) the date Your Insured Spouse remarries]⁵.

[In the event an Insured Dependent, whose coverage is being extended under this provision suffers a loss for which a benefit is payable under the Policy, the Insured Dependent's benefit will be determined based on the coverage in effect on the date of the accident which caused Your death.]⁵]⁹

[Right to Continue Coverage

[Option 2]

If coverage for any Insured Person terminates for any reason except for non-payment of premium or termination of the Policy, that Insured Person may elect to continue coverage [provided he or she has not attained age [70, 75, 80]]⁷. To elect continued coverage, the Insured Person must notify the Company and pay the required premium within 31 days of the date coverage would otherwise terminate.

Coverage continued under this provision is subject to all other provisions and limitations of the Policy. In no event will coverage continue beyond:

1. the date the Policy terminates; [or]
2. the last period for which premium is paid; or
3. the Coverage Termination Date specified in the schedule]⁶,
whichever occurs first.]⁵

PREMIUM

Premiums. The Company provides insurance in return for premium payments. [The premium shown in the Schedule is payable to the Company in the manner described in the Schedule.]¹ The Company may change the required premiums due by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in the Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first premium. An Insured Person's coverage will not be terminated for nonpayment of premium during the Grace Period if all premiums due are paid by the last day of the Grace Period. An Insured Person's coverage will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the Grace Period.

No Grace Period will be provided if the Company receives notice to terminate the Insured Person's coverage under the Policy prior to a premium due date.

BENEFITS

Maximum Amount. As applicable to each Benefit provided by the Policy for each Insured Person, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured Person's class in the Benefit Schedule[, subject to the Reduction Schedule shown in the Limitations section]¹. [However, if the [individual enrollment form, or]² Master Application describes several choices of maximum amounts for that Benefit for the Insured Person's eligible class, the Insured Person's maximum amount for that Benefit is the amount You select on Your written enrollment form[, subject to the Reduction Schedule shown in the Limitations section]¹.]³ [Any change in Your selection of a maximum amount becomes effective as described in the Insured's Effective and Termination Dates section.]³ [Any change in the selection of an Insured Dependent's maximum amount becomes effective as described in the Insured Dependent's Effective and Termination Dates section.]⁴

[Benefit Escalator. The Maximum Amount shown in the Benefit Schedule [for all benefits]⁵ [for the benefits listed below]⁶ for each Insured Person who remains continuously covered under this Policy will be increased every [3, 6, 12] Policy Months for [12, 18, 24, 30, 36, 60, 120] Policy Months from the Insured Person's coverage effective date by a dollar amount equal to the Escalator Percentage of the Maximum Amount that was in force on this Policy Effective Date. The increase will be simple, not compound, increase. [The increased Maximum Amount is subject to the Reduction Schedule provision as shown in the Limitations section.]⁷ Policy Months are measured from the month and day of the Insured Person's coverage effective date.

<i>Benefit</i>	<i>Escalator Percentage</i>
[All Benefits] ⁵	[5, 10, 15, 20, 25]%
Accidental Death	[5, 10, 15, 20, 25]%
Accidental Dismemberment	[5, 10, 15, 20, 25]%
Accident Medical Expense	[5, 10, 15, 20, 25]%
Day Care	[5, 10, 15, 20, 25]%
Dislocations and Fractures	[5, 10, 15, 20, 25]%
Emergency Transportation	[5, 10, 15, 20, 25]%
Emergency Treatment	[5, 10, 15, 20, 25]%
Family Leave	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Single Payment	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Daily	[5, 10, 15, 20, 25]%
In-Hospital Indemnity Sickness Single Payment	[5, 10, 15, 20, 25]%
Intensive Care Unit	[5, 10, 15, 20, 25]%
Physician Office Visits Indemnity	[5, 10, 15, 20, 25]%
Recuperation Accident Single Payment	[5, 10, 15, 20, 25]%
Recuperation Sickness Single Payment	[5, 10, 15, 20, 25]%
Total Temporary Disability Accident	[5, 10, 15, 20, 25]%
Total Temporary Disability Sickness	[5, 10, 15, 20, 25]%
Tuition	[5, 10, 15, 20, 25]%
[Additional Rider	[5, 10, 15, 20, 25]%] ^{8,9}

[Accidental Death Benefit

If Injury to an Insured Person results in death[within [90,120,180, 365] days of the date of the accident that caused the Injury]¹⁰, the Company will pay 100% of the Accidental Death Maximum Amount shown in the Benefit Schedule.

Exposure and Disappearance

If by reason of an accident occurring while an Insured Person's coverage is in force under the Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If the body of an Insured Person has not been found within [6 months; 1 year] of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured Person has suffered accidental death within the meaning of the Policy.]⁹

[Accidental Dismemberment Benefit

If Injury to the Insured Person results[, within [90,120,180, 365] days of the date of the accident that caused the Injury,]¹⁰ in any one of the Losses specified below, the Company will pay the percentage shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

<u>For Loss of</u>	<u>Percentage of Maximum Amount</u>
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
[Speech and Hearing in Both Ears	100%] ³
One Hand or One Foot	50%
The Sight of One Eye	50%
[Speech or Hearing in Both Ears	50%] ³
[Hearing in One Ear.....	25%] ³
[Thumb and Index Finger of Same Hand.....	25%] ³

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. [“Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak.]³ [“Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.]³

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.]⁹

[In-Hospital Indemnity Daily Benefit

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [for each day] [after 1,2,3,4,5,6,7,8,14] day(s) of Medically Necessary Day(s) of Confinement due to that Injury[, retroactive to the first Day of Confinement]¹¹. No benefit is provided for [the first[2,3,4,5,6,7,8,14]¹² Day(s) of Confinement or for]¹³ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Daily Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Injury. is the benefit is payable [monthly/weekly]¹⁴ up to the Maximum Number of Days shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one In-Hospital Indemnity Daily Benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Period of Confinement, as used in this Benefit - means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.]⁹

[In-Hospital Indemnity Sickness Daily Benefit

If[, after an Insured Person has been covered under the Policy for at least [30,90,180,270,365] consecutive days and that]¹⁵ [an]¹⁶ Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit after [1,2,3,4,5,6,7,8,14] consecutive day(s) of Medically Necessary Day(s) of Confinement due to that Sickness[, retroactive to the [first] Day of Confinement]¹⁷. No benefit is provided for [the first[2,3,4,5,6,7,8,14]]¹⁸ Day(s) of Confinement or for]¹⁹ any Day(s) of Confinement that are not Medically Necessary. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Daily Maximum Amount shown in the Benefit Schedule per day of Medically Necessary Inpatient confinement due to that Sickness. The benefit is payable [monthly/weekly]¹⁴ up to the Maximum Number of Days shown for the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule during any one Period of Confinement. Only one In-Hospital Indemnity Sickness Daily Benefit is provided for any one Day of Confinement, regardless of the number of Sicknesses for which the confinement is required. The Maximum Number of In-Hospital Indemnity Sickness Daily Benefits Payable during the lifetime of the Insured Person is shown in the Benefit schedule.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]²⁰

[Termination. Coverage under this Benefit does not apply to Sickness which occurs after the Insured Person's attained age [65, 70, 75, 80].]²¹

Period of Confinement, as used in this Benefit - means a period of consecutive Days of Confinement as an Inpatient for the same Sickness. However, successive confinements as an Inpatient for the same Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least [60,90,120] days.

If the same Insured Person is again confined due to the same Sickness or a new Sickness and such successive confinement is separated from the admission date for the first confinement by at least [60,90,120] days and the Insured Person has not been paid the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit for previous Medically Necessary Days of Confinement, benefits will continue to be payable under this benefit for the same Sickness or a new Sickness in accordance with the requirements specified above until the Maximum Number of Days shown in the In-Hospital Indemnity Sickness Daily Benefit in the Benefit Schedule have been paid for that Insured Person. Once this Maximum Number of Days has been reached, no benefits are payable for any additional confinements due to Sickness for the lifetime of the Insured Person.

Exclusions. In addition to the Exclusions in the Exclusions section of this Certificate, and any amendment thereto, In-Hospital Indemnity Sickness Daily benefits are not payable for Hospital confinement due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁹

[In-Hospital Indemnity Single Payment Benefit

If an Insured Person suffers an Injury that, within [30,60,90,120,180,365] days of the date of the accident that caused the Injury, requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [15,30,60,90] consecutive day(s) of]²² [as shown in the Benefit Schedule for]²³ Medically Necessary Day(s) of Confinement due to that Injury. No benefit is provided if the Insured Person is confined for less than [15,30,60,90] consecutive Medically Necessary Days of Confinement. The amount of the benefit

is equal to 100% of the In-Hospital Indemnity Single Payment Maximum Amount shown in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. Only one In-Hospital Indemnity Single Payment Benefit is provided for any one accident per Insured Person regardless of the number of Injuries for which the confinement is required or the number of times the Insured Person must be confined due to Injuries resulting from the same accident. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one In-Hospital Indemnity Single Payment Maximum Amount will be paid.]²³ The Maximum Number of In-Hospital Indemnity Single Payment Benefits Payable during the lifetime of the Insured Person is shown in the Benefit Schedule.]⁹

[In-Hospital Indemnity Sickness Single Payment Benefit

If[, after an Insured Person has been covered under the Policy for at least [30,90,180,270,365] consecutive days and that]¹⁵ [an]¹⁶ Insured Person suffers a Sickness that requires him or her to be confined in a Hospital as an Inpatient, the Company will pay a benefit [after [15, 30, 60, 90] consecutive day(s) of]²⁴ [as shown in the Benefit Schedule for]²⁵ Medically Necessary Day(s) of Confinement due to that Sickness. No benefit is provided if the Insured Person is confined for less than [15, 30, 60, 90] consecutive Medically Necessary Days of Confinement. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Sickness Single Payment Maximum Amount shown in the Benefit Schedule. The benefit is payable in one lump sum upon the Insured Person's discharge from the Hospital. [The Maximum Amount shown in the Benefit Schedule is not cumulative. Only one In-Hospital Indemnity Sickness Single Payment Maximum Amount will be paid.]²⁵ The Maximum Number of In-Hospital Indemnity Sickness Single Payment Benefits Payable during the lifetime of the Insured Person is shown in the Benefit Schedule.

[Pre-Existing Condition Limitation. Benefits are not payable in connection with a Pre-Existing Condition within the initial [6, 12] consecutive months from the Insured Person's effective date of coverage under the Policy.

A Pre-Existing Condition means any Sickness or other condition: (a) that would cause an ordinarily prudent person to seek diagnosis, care or treatment during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy; or (b) for which medical advice or treatment was recommended by a Physician or received from a Physician during the [6, 12, 24] months immediately preceding the effective date of the Insured Person's coverage under the Policy.]²⁰

[Termination. Coverage under this Benefit does not apply to Sicknesses which occur after the Insured Person's attained age [65, 70, 75, 80].]²¹

Exclusions. In addition to the Exclusions in the Exclusions section of this Certificate, and any amendment thereto, In-Hospital Indemnity Sickness Single Payment benefits are not payable for Hospital confinement due to routine normal pregnancy and elective cesarean section surgery.

Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁹

[Physician's Office Visits Indemnity Benefit

If[, after an Insured Person has been covered under the Policy for at least [30,90,180,270,365]²⁶ consecutive days,]²⁷ the Insured Person visits a Physician's office for treatment [of: [Routine Well Care]²⁸ [or] [an Injury]²⁹ [or] [a Sickness]³⁰⁻³¹] while the Insured Person's coverage under this Benefit is in force, the Company will pay a benefit equal to the Benefit Amount Per Visit shown in the Benefit Schedule, subject to the Maximum [and Combined Maximum]³² Number of Visits and the Maximum [and Combined Maximum]³³ Benefit Amount shown in the Benefit Schedule. [No benefit is payable if an Insured Person does not incur a Physician's office visit fee.]³⁴ [The Lifetime Maximum Number of Visits is shown in the Benefit Schedule.]³⁵ [The Lifetime Maximum Benefit Amount is shown in the Benefit Schedule.]³⁶

[Termination Date. Coverage under this Benefit ends on [the earlier of:] [(1)] the date the [Lifetime Maximum Number of Visits [or]the Lifetime Maximum Benefit Amount]³⁷ shown in the Benefit Schedule is

met;]³⁸ [or] [(2)] [(1-5)]³⁹ years]⁴⁰ [(12-60)]³⁹ months]⁴⁰ from the Insured Person's effective date of coverage under this Benefit.]⁴¹]⁴²

Definitions

[Routine Well Care – means a physical examination or appropriate immunization. Service must be under the supervision of or recommended by a Physician.]⁴³

[Sickness – means an illness or disease which is diagnosed or treated by a Physician after the effective date of coverage under the Policy.]⁴⁴

[Any exclusion within the Exclusions section regarding sickness or disease; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis or aneurysm is hereby waived for this benefit.]⁴⁵]⁹

[LIMITATIONS]¹

[Limitation on Multiple Covered Activities. If an Insured Person's Injury occurs while participating in more than one Covered Activity for which the same Benefit applies, then the Maximum Amount for that Benefit will be determined as though the Injury occurred while the Insured Person was participating in the Covered Activity with the largest Maximum Amount for that Benefit.]⁴

[Limitation on Benefit Payments. The Maximum Amount payable under this Certificate may be reduced if more than one Insured Person insured under this Certificate suffers a loss as the result of the same accident, and if amounts are payable under one or more of the following Benefits provided by the Policy: [Accidental Death Benefit, Accidental Dismemberment Benefit, Accident Medical Expense Benefit, Day Care Benefit, Dislocations and Fractures Benefit, Emergency [Transportation] [and] [Treatment] Benefit, Family Leave Benefit, In-Hospital Indemnity Daily Benefit, In-Hospital Indemnity Single Payment Benefit, In-Hospital Indemnity Sickness Daily Benefit, In-Hospital Indemnity Sickness Single Payment Benefit, Intensive Care Unit Benefit, Physician's Office Visits Indemnity Benefit, Recuperation Accident Single Payment Benefit, Recuperation Sickness Single Payment Benefit, Temporary Total Disability Accident Benefit, Temporary Total Disability Sickness Benefit, Tuition Benefit.]³ The Maximum Amount payable for all such losses for all Insured Persons insured under this Certificate under all those Benefits combined will not exceed the amount shown as the Per Accident Maximum Amount in the Benefit Schedule. If the combined Maximum Amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Maximum Amount otherwise payable for each Insured Person or all such losses under all those Benefits combined.]⁴

[Reduction Schedule. An Insured Person who [is age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 8} [with respect to Sickness, is age [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury, is age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 9} or older on the date of the accident [or Sickness] causing the loss will receive [50%]¹⁰ of the Maximum Amount for that benefit as shown in the Benefit Schedule. [An Insured Person age 75 or older on the date of the accident [or Sickness]² causing the loss will receive [25%]¹⁰ of the Maximum Amount for that benefit as shown in the Benefit Schedule.]¹¹

The Maximum Amount as referenced above is the Maximum Amount listed for an Insured Person who is under age [65, 70, 75]⁵ on the date of the accident [or Sickness]² causing the loss.

Premium for an Insured Person [age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 8}, [with respect to Sickness age [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 9} or older is based on 100% of the coverage that would be in effect if the Insured Person were under age [65, 70, 75]⁵ [65 – 74]⁶]^{7, 8}, [with respect to Sickness [65, 70, 75]⁵ [65 – 74]⁶ and with respect to Injury [65, 70, 75]⁵ [65 – 74]⁶]^{7, 9}.]⁴

EXCLUSIONS

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury¹.

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury [or autoeroticism]¹.
2. sickness[, or] disease[, mental incapacity or bodily infirmity]¹ whether the loss results directly or indirectly from [any]¹ [either]¹ of these.
3. the Insured Person's commission of or attempt to commit a [felony]¹ [crime]¹.
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition [including but not limited to diabetes]¹.
5. declared or undeclared war, or any act of declared or undeclared war[, except if specifically provided by the Policy]¹.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft, unless specifically provided for under the Policy; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured's employer[, unless specifically provided for under the Policy]¹.
8. the Insured Person being under the influence of intoxicants[, while operating any vehicle or means of transportation or conveyance]¹.
9. the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician.
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity [whether the loss results directly or indirectly from the treatment]¹.
11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
12. the Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
- [13. any loss incurred while outside the United States, its Territories or Canada.]¹

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the Insured Person to the Company at [American International Companies[®], Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701]¹, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include Your name, the Insured Person's name, if different, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the applicable Beneficiary Designation and Change provision.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured [Person suffering the loss]². If an Insured [Person]² dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the applicable Beneficiary Designation and Change provision.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Assignment. You may not assign any of Your rights, privileges or benefits under the Policy.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Conformity With State Statutes. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Entire Contract; Changes. The Policy, the Application(s), this Certificate, any individual Enrollment Forms, riders, endorsements and any other attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in the Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

Incontestability. After an Insured Person has been insured under the Policy for two year(s) during his lifetime, no statement made by You [or an Insured Dependent, if applicable]¹, except a fraudulent one, will be used to contest a claim under the Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by You [or the Insured Dependent]¹ and a copy is given to the Policyholder, You, or the beneficiary.

Insured Beneficiary Designation and Change. Your designated beneficiary(ies) is (are) the person(s) so named by You as shown on the [Company's]²[Policyholder's]² records kept on the Policy.

If You are an Insured over the age of majority and legally competent, You may change Your beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the [Company]²[Policyholder]², with a written request for change. When the request is received by the [Company]²[Policyholder]², whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after Your death, [the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: Your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is Your estate.]³
[the beneficiary is Your estate.]³

[Insured Dependent's Beneficiary Designation and Change. The Insured Dependent's beneficiary is You unless You have named (a) different beneficiary(ies) for Your Insured Dependent's coverage as shown on the [Company's]²[Policyholder's]² records kept on the Policy.

If You are over the age of majority and legally competent, You may change the beneficiary designation for Your Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies), by providing the [Company]²[Policyholder]² with a written request for change. When the request is received by the [Company]²[Policyholder]² whether You or Your Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is Your estate.]¹

Legal Actions. No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

[**Other Insurance in this Insurer.** Insurance effective at any one time on an Insured Person under the Policy and another policy or policies providing the same type of benefits issued by the Company is limited to the one policy elected by the Insured Person, or the Insured Person's beneficiary or estate, as the case may be, and the Company will return all premiums paid for all other such policies.]⁴